

SPOKANE COMMUNITY HEALTH

Survey Results

Part I: Community Health Survey 2000

Part II: Community Health Survey
1995 and 2000 Comparison



Spokane Regional Health District
February 2002

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EXECUTIVE SUMMARY

In September of 2000, Spokane County residents were surveyed again, as a follow-up from the 1995 Spokane County Community Health Survey. The 2000 instrument was modeled after the 1995 instrument. The purpose of the 2000 survey was to measure changes in the population's health. Part I of this document describes the findings from the 2000 survey. Part II compares indicators from both the 1995 and 2000 survey to measure change in health.

Part I: Community Health Survey 2000

Respondents of the 2000 survey were sampled in two ways. The first half of the sample was gathered by using random digit dial to phone and screen respondents based on their poverty status and the person in the household with the most recent birthday. If the respondents met the criteria and agreed to take the survey, they were mailed a survey. The second half were randomly mailed a survey with no telephone contact. The total number of respondents was 1,385, representing an overall 55% response rate.

The survey measured various health indicators. The items measured were 1) health status (both mental and physical), 2) prevalence of health conditions, 3) health screening utilization, 4) health habits, 5) utilization of and access to health care, 6) satisfaction with health care, 7) health care coverage, 8) social capital, 9) spirituality, and 10) demographics. Primarily, frequencies and cross-tabulations are used to analyze the data of each question because most data derived from the survey is categorical. The test statistic reported throughout this report is based on the Chi-Square, which measures the differences among proportions within the each variable. This report is not based on trend analysis.

Overall, Part I shows that poverty is significantly associated with most health indicators measured in this survey. Persons in poverty report their health status and physical and mental functioning worse off as a whole than people who do not live in poverty. Persons in poverty are more likely not to have health insurance and have different ways in which they access health care; they are more likely to use community services and the emergency room to get needed assistance. In addition, persons living in poverty also report less social capital and more discrimination. However, this population tends to have a stronger sense of spirituality.

There are other indicators that are significantly associated with various health indicators reported in this paper. These include age, educational attainment, health insurance status, and whether the respondent was white or nonwhite. Older people tended to rate their health worse, while their satisfaction and utilization of health care tended to be much better than their younger counterparts. Health insurance types were also associated with satisfaction of health care depending on the type of coverage.

The purpose of Part I is to provide those interested with a framework of the preliminary findings of the Spokane County Community Health Survey 2000. Although there are limitations to this study, these results can be the basis for policy development around improving our population's health. In addition, these results serve as the first step in determining what health factors should be studied further.

Part II: Community Health Survey 1995 and 2000 Comparison

The hypothesis tested and described in Part II is that there was an improvement in health outcomes among Spokane County adult residents between 1995 and 2000, specifically related to health status, access to health care, health behaviors, and health screening utilization. In 1995, a cross-sectional study was conducted where 2,500 Spokane County residents were surveyed. The survey was developed to measure indicators of health. Health status, access to health care, health behaviors, and health screening utilization, among other indicators were measured in 1995. In 2000, the survey instrument was modified to reflect emerging health related issues and was sent out to another random sample of 2,500 in Spokane County.

The sample methodologies for the 1995 and 2000 surveys were different, thus influencing the sampling frame and demographics of respondents. Age and sex distributions were statistically different among the 1995 and 2000 surveys. Both surveys were stratified based on federal poverty level, assuring that 30% of the sample was at or below 200% of the federal poverty level. Because of this, the residuals of each outcome variable were calculated taking out the differences of poverty, age and sex between samples. These residuals became the dependent variable.

The 1995 survey showed that poverty, educational attainment, health insurance status, and age are significant contributing factors to health. The results of the 2000 Spokane County Community Health Survey showed similar results. Therefore, step-wise regression was used to test for change in each health indicator between 1995 and 2000 while controlling for the affects of poverty, educational attainment, health insurance, and age.

There was no change in health status, access to health care, most health behavior indicators, and health screening utilization. There was a statistically significant change in body mass index (BMI) from 1995 to 2000; the respondents had a significantly higher BMI even after controlling for the affects of poverty, education, age, and sex.

The comparison between the 1995 and 2000 community health survey is an example of assessment and assurance in action in Spokane County. However, the results are generally inconclusive because of the limitations in the data, the uncertainty of using two independent cross-sectional surveys to measure change in a population, and the possibility that population change cannot show a significant change in five years. These results do find that given the data and limitations there is no change in the population's perceptions or behaviors of health status, access to health care, health screening utilization, and most health behaviors. Finding that there is a statistically significant increase in BMI is notable given all of the limitations of the data.

PART I: COMMUNITY HEALTH SURVEY 2000

Introduction

Throughout the United States, public health is becoming more clearly defined in terms of its core functions and ten essential services. In addition, there is a growing body of work that is outlining both the importance and components of public health performance measures. Community based health status data are used to measure public health efforts of the Spokane County community.

The 1988 Institute of Medicine report, “The Future of Public Health”, described three core functions of public health: assessment, policy development, and assurance. The national report, Healthy People 2000, challenged local health jurisdictions to provide these three core functions of public health. These functions, particularly in Washington State, have been the fundamental guiding principles for changes in public health.

In Washington State there has been extensive work challenging local health jurisdictions to incorporate these core functions into every aspect of public health work. In 1994, the Public Health Improvement Plan was written as the blueprint for improving health status in Washington through prevention and improved capacity for public health services delivery. This plan and the subsequent plans emphasize the implementation of core functions in local jurisdictions.

Through the performance of assessment, policy development and assurance, local public health jurisdictions work with a wide array of partners to promote health and quality of life by preventing and controlling disease, injury, and disability. As health becomes more qualitatively defined, public health has led the efforts that promote health. Therefore, community public health efforts in some ways reflect the leadership of local, state, and national public health organizations. (Roper, 1994)

In order to deem public health’s performance of the core functions effective, the population outcomes must be measured as they relate to assessment and policy development. This study will provide some of the needed information to measure the effectiveness of public health functions as they serve to heighten the health of the Spokane population.

Methods

The intent of the community health survey in 2000 was to measure the population’s health in 2000. The survey instrument was developed by Felix and Burdine and Associates and was first implemented in 1995 in Spokane County. The 2000 survey instrument was a modification of their survey. The modifications were based on community input of health priorities. Over 50 community professionals were interviewed about significant health issues in Spokane County. Health was not narrowly defined as the absence of disease but as the total quality of life. A community meeting was called where 50 professionals attended. There were also three small group meetings that solicited feedback and finalized the modifications to the 1995 survey instrument that came out of the key informant interviews and the community meeting.

Data Collection

The 2000 Spokane County Community Health Survey is a cross-sectional survey of Spokane County adult residents. Sample subjects were mailed a survey and received a \$2 bill in their survey packet as a thank you. The study targeted 2,500 adult residents from different households.

Subjects for the 2000 Spokane County Community Health Survey were selected by two sampling methods. The first half of the sample (48%) was selected by a random digit dial. Robinson Research, a local research firm, screened potential respondents by telephone contact seeking the adult in the household with the last birthday. In addition, 30% of respondents had to be below 200% of the federal poverty level. The samples’ poverty status is reflective of Spokane County’s. Once poverty level eligibility and consent was established, respondents were mailed the community health survey.

With limited funding, Robinson Research was not able to obtain a list of 2,500 Spokane County residents who agreed to take the survey. Unfortunately, it was very challenging to get people to even answer the phone. Robinson Research did contact 1,203 residents who agreed to take the survey and met the screening requirements. Hence, SRHD had to find another way to sample the remaining 1,297 individuals needed for the sample. The second half (52%) were selected by a random sample of the local telephone company's Spokane County customers. This sample was mailed a survey with no prior telephone contact and, therefore, was not screened. The limitation of this method was the exclusion of residents who were not customers of Qwest and whose phone numbers and/or addresses were unlisted.

The Qwest sample's surveys were identified with a mark on the survey envelope to differentiate between the sample groups. The response rate for the Qwest sample was 47%. The response rate for the random digit dial, prescreened sample was 64%. The total number of respondents was 1,385, representing a 55.4% response rate. Overall the samples were very similar demographically. The significant differences were in sex and age. The percent of female respondents in the Qwest sample was 47% compared to 64% in the random digit dial sample. The mean age in the Qwest sample was 54 compared to 49 in the random digit dial sample.

The Spokane County Community Health Survey 2000 instrument was developed on Teleform Software. This software allows completed surveys to be scanned, cleaned and entered into a database with minimal human attention. If the survey was not filled out properly or if there was some discrepancy in the response, e.g. someone selected two responses rather than one, then Teleform Software prompts the user to clean the data pertaining to that question. Survey by survey, the data is then entered and stored in one statistical analysis software, SPSS, database.

The results of this report combine both the Qwest and random digit dial samples. These results will consider both samples as one sample. The Spokane Regional Health District feels that although combining the samples has great limitations, the results are more meaningful if they are reported together.

Data Analysis

The following report presents the initial findings of the results of the 2000 Spokane County Community Health Survey. It is completely descriptive in nature. Primarily, frequencies and cross-tabulations are used to analyze the data because most data derived from the survey is categorical. When testing the significance of relationships between two categorical variables, the statistical test of significance is reported. The statistical test of significance reported most often is based on a Chi-Square. The variation in proportions of two categorical variables is tested for statistical significance. This report is **not** based on trend-analysis, as the 1995 Spokane County Community Health Survey is not reported here, the test statistic throughout this report refers to the differences among proportions between two categorical variables. When continuous data is analyzed, the T-test or a one-way ANOVA was used to test for significant differences in the mean.

There were five demographic variables that were used to test for differences in proportions of survey variables. These five consisted of poverty status, educational attainment, age categories, nonwhite/white, and health insurance status. The poverty status variable was established by calculating the income by the number of people in the household and assigning one of the three possibilities: 100% or below the federal poverty level, 101%-200% federal poverty level, and 201% or greater than federal poverty level. These values were based on the 1999 Federal Poverty Guidelines and are approximated due to the fact that the categories of income options on the survey did not always perfectly match up with the federal poverty guidelines.

The other variables were also categorized. Educational attainment was categorized into four possibilities: no high school, high school only, 1-2 years of college, and more than 2 years of college. Age groups were divided into four categories: 18-34 years old, 35-49 years old, 50-64 years old, and 65 and older. Due to the small population of nonwhite people in Spokane County and their small representation in the survey, respondents were categorized as white or nonwhite. Because respondents could check more than one race and ethnic category, if they chose any category that was nonwhite, they were considered nonwhite in this analysis.

Respondents could choose more than one type of health insurance. Therefore, for the purposes of this analysis, respondents were categorized by one type of insurance. If respondents reported they had Medicaid and another type of insurance they were recoded as Medicaid only. If respondents reported they had Medicare and another type of insurance they were recoded as Medicare only. The same recoding procedure was done to persons with Washington State Basic Health and Tricare. Based on what respondents wrote on the survey form, it appeared that respondents were confused as to whether they had a traditional fee for service or a HMO or managed care plan. Therefore, these categories were combined for this analysis and represented as “commercial health insurance”.

Demographics and Comparison to Current Estimates

In comparison to Spokane County demographics, the respondents of the Spokane County Community Health Survey (CHS) 2000 were on average more educated, older, and represented a higher percentage of the white population.

Poverty levels among respondents were reflective of current estimates of poverty among the Spokane County population.

Respondents of the 2000 survey were more likely to have larger annual household incomes and larger families. The average household size among respondents was 2.55 persons; according to current estimates, the average household size in Spokane County is 2.45 persons (Target Pro, 2000). Almost one-quarter of respondents reported their annual income in 1999 was under \$25,000. According to current estimates, 37% of Spokane County's population lives below \$25,000 per year (Target Pro, 2000). A possible explanation for this discrepancy is a difference in the measurement. The Spokane County proportion of 37% includes all individuals regardless of age and includes all persons who live in the household. The Community Health Survey only sampled one adult from each household; therefore, multiple people living in a household were not included. Refer to Figure 1.1.

Most respondents were either married at the time of the survey or had been married. Refer to Figure 1.2.

Respondents were most likely to own their transportation and reported it was reliable (98%) and convenient (98%). A personal vehicle was reported as the type of transportation used most often (93%). The bus or transit was the next most popular type of transportation, but it was significantly lower than personal vehicle use (4.0%).

Comparison of Spokane County Demographics and Spokane County Community Health Survey (CHS) 2000		
	Spokane County	Spokane CHS
Mean age for adult population	44 years old ¹	51 years old
Percentage of age groups		
18 - 34 years old	34% ²	17%
35 - 49 years old	23% ²	32%
50 - 64 years old	14% ²	26%
65 years and older	13% ²	24%
Education Attainment		
Less than High School	15% ¹	6%
High School	28% ¹	24%
Some College	36% ¹	32%
More than 2 years of college	21% ¹	39%
Percentages at 200% of the Federal Poverty Level	33% ³	30%
White Population	94% ²	97%
Adult Females	52% ²	56%
Adult Males	48% ²	44%
¹ Map Info Target Pro Demographic Analyzer, 2001. ² Center for Health Statistics, WA State DOH; 2000.		

Figure 1.1: Comparison of Spokane County and Survey Demographics

Marital Status Spokane County CHS 2000	
Married	60%
Widowed	10%
Divorced	16%
Separated	2%
Never Married	12%

Figure 1.2: Marital Status

Most respondents were either working at a paying job during the time of the survey or were retired. Refer to Figure 1.3.

Most respondents (76%) reported owning their home; 21% reported renting their home. The majority of respondents did not exceed federal recommendations of spending no more than 30% of income on housing. Refer to Figure 1.4.

Over one-third of respondents reported 0 to 2 bedrooms in their home; 58% had 3 or 4 bedrooms; and 8% had more than 5 bedrooms. 37% of respondents had one bathroom, 29% had two, and 21% had three bathrooms in their home. The average length of time respondents had lived at their current address was 12 years.

Employment Status, Spokane County CHS 2000	
Yes full-time	44%
No retired	26%
Yes part-time	10%
No full-time homemaker	6%
No laid off or unemployed but looking	3%
No disabled	3%
Student	2%
Yes full-time and part-time	2%
Other	2%
No laid off or unemployed but not looking	1%
Yes more than one part-time	2%
Yes two full-time	0%

Figure 1.3: Employment Status

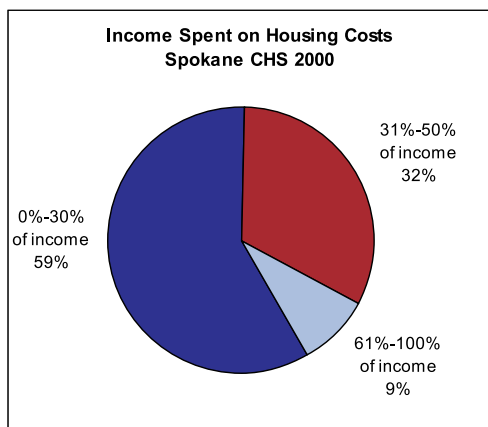


Figure 1.4: Income Spent on Housing Costs

Health Status

Survey Question 1: *In general would you say your health is:*

	Frequency
<i>Excellent</i>	13.8%
<i>Very Good</i>	40.9%
<i>Good</i>	30.7%
<i>Fair</i>	11.7%
<i>Poor</i>	2.9%

Overall, the respondents of the Spokane County Community Health Survey 2000 (CHS 2000) reported that their health status was good, very good, or excellent. They reported their health status by responding to a variety of questions that measured their overall health, physical health, and mental health. A small percentage of respondents reported their health status as fair or poor (15%). Those who were more likely to report fair or poor health had no high school diploma ($p < .001$), were living in poverty ($P < .001$), and were older ($P < .001$). Refer to Figures 1.5, 1.6, 1.7.

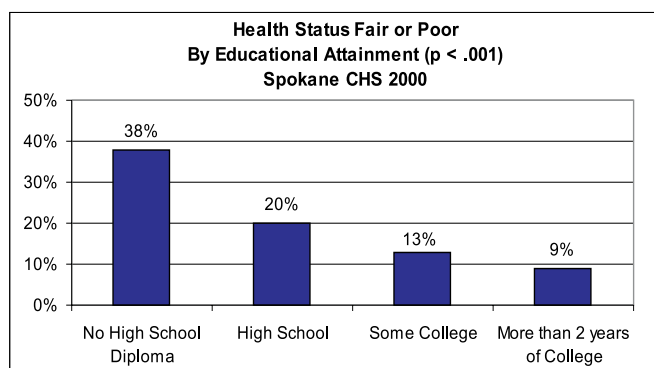


Figure 1.5: Health Status By Educational Attainment

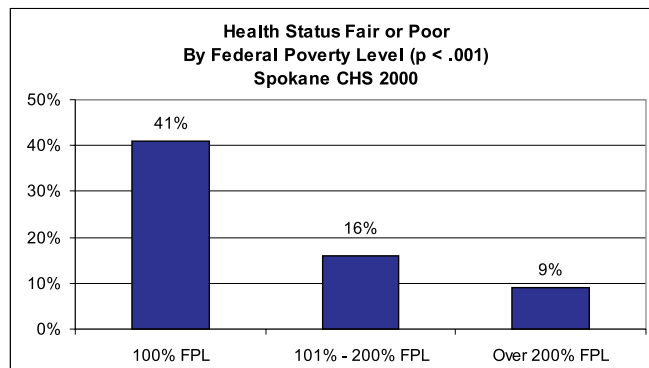


Figure 1.6: Health Status By Federal Poverty Level

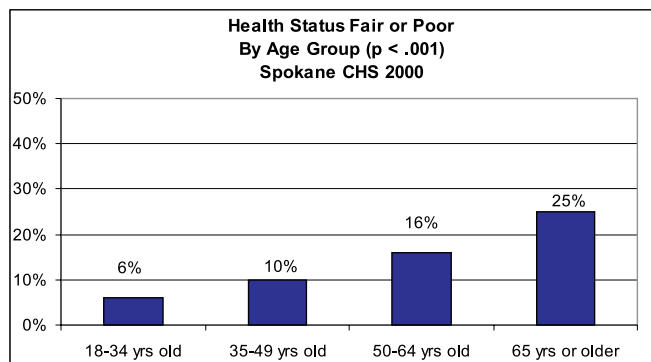


Figure 1.7: Health Status By Age Group

Survey Question 2: *The following items are activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?*

	Frequency		
	<i>Yes, limited a lot</i>	<i>Yes, limited a little</i>	<i>No, not limited at all</i>
a. <i>Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.</i>	8.7%	20.4%	70.4%
b. <i>Climbing several flights of stairs.</i>	12.7%	22.9%	64.4%

Seventy percent of respondents reported that they were not limited in moderate activities due to their health; 64% were not limited in climbing several flights of stairs due to their health. Respondents with no high school diploma were more likely to be limited in moderate work (54%) than those with two or more years of college (22%, $p < .001$). This relationship was also seen in educational attainment and climbing stairs; 67% with no high school diploma reported limitations in stair climbing compared to 27% of those with more than two years of college ($p < .001$). As expected, the older the respondent, the more likely they would report being limited in moderate activities and climbing stairs due to health ($p < .001$). Poverty levels had a significant influence on limitation of ability to do moderate activities ($p < .001$).

Fifty-one percent of respondents living at or below 100% of the federal poverty level were limited a little bit or a lot in their moderate work ($p < .001$). Fifty-nine percent of those living at or below 100% of the federal poverty level were limited in climbing several flights of stairs based on their health compared with 29% of respondents living above 200% of the federal poverty level ($p < .001$).

Survey Question 7: *During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your normal social activities (like visiting friends, relatives, etc.)?*

	Frequency
<i>All of the time</i>	1.6%
<i>Most of the time</i>	4.7%
<i>Some of the time</i>	13.6%
<i>A little of the time</i>	21.4%
<i>None of the time</i>	58.6%

Health can significantly impair a person's ability to participate in social activities. Twenty percent of respondents reported that their physical or emotional health interfered with their normal social activities all of the time, most of the time, or some of the time. Many of the respondents who reported health interfere with their normal social activities were those with no high school diploma (40% compared to 22% with two or more years of college, $p < .001$) and living at or below 200% of the federal poverty level (31% compared to 13% who were above 200% of the federal poverty level, $p < .001$). Respondents 65 years and older also tended to be limited in their social activities because of health ($p < .016$).

Survey Question 8: *Compared to one year ago, how would you rate your health in general **now**?*

	Frequency
<i>Much better now than one year ago</i>	6.7%
<i>Somewhat better now than one year ago</i>	14.4%
<i>About the same now as one year ago</i>	60.7%
<i>Somewhat worse now than one year ago</i>	15.9%
<i>Much worse than one year ago</i>	2.2%

More than four out of five respondents reported that their health was the same now as it was one year ago. Respondents with minimal educational attainment ($p < .021$), higher levels of poverty ($p < .001$), and who were older ($p < .011$) tended to report their health worse now than it was a year ago.

Physical Health

Survey Question 3: *During the past 4 weeks, have you had any of the following problems with your work or other daily activities as a result of your physical health?*

	Frequency	
	Yes	No
a. <i>Accomplished less than you would like</i>	30.5%	69.5%
b. <i>Were limited in the kind of work or other activities</i>	26.1%	73.9%

Thirty percent of respondents, because of their physical health, reported that they had accomplished less than they would like and 26% reported they were limited in types of work. However, those who had minimal education attainment ($p < .001$), respondents over age 64 ($p < .001$) and those living in poverty ($p < .001$) reported more often accomplishing less than they would like and were more likely to report limitation in their work. Refer to Figures 1.8, 1.9, and 1.10.

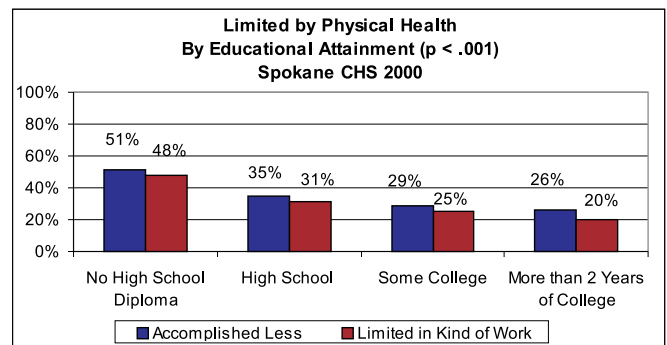


Figure 1.8: Limited by Physical Health by Education

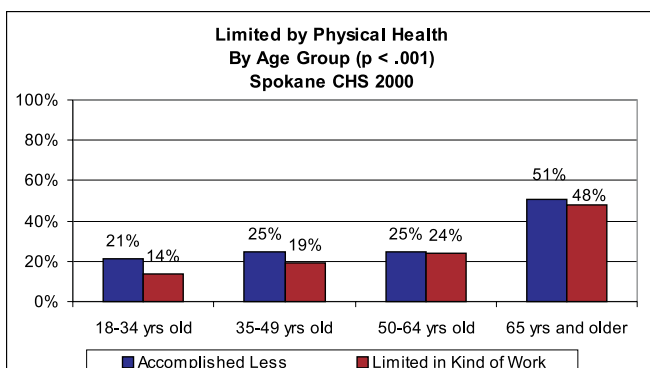


Figure 1.9: Limited by Physical Health by Age

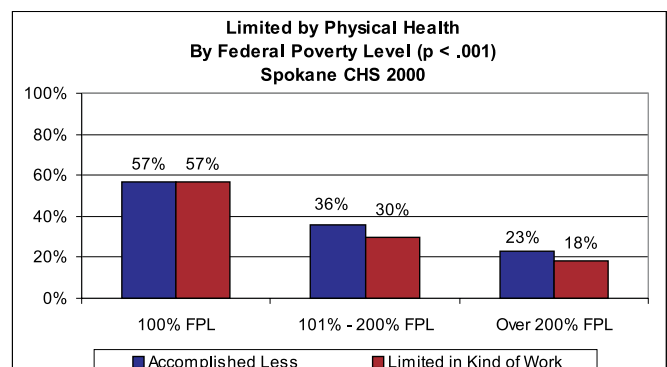


Figure 1.10: Limited by Physical Health by Poverty

Survey Question 5: During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

	Frequency
Not at all	42.2%
A little bit	31.5%
Moderately	14.9%
Quite a bit	8.6%
Extremely	2.8%

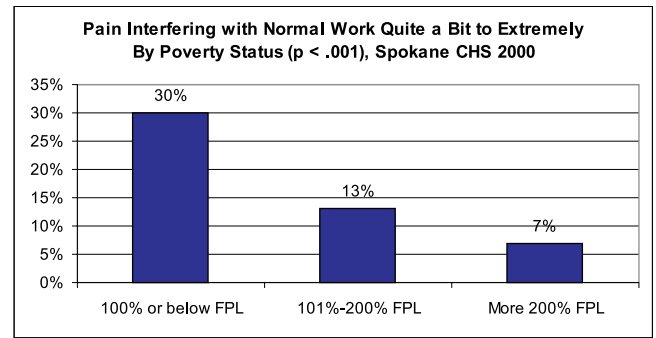


Figure 1.11: Pain Interfering with Work by Poverty

Pain was an issue for more than half of the respondents (57%). Respondents reported that to some degree pain interfered with their normal work. This was particularly a concern for people with no high school education ($p < .001$), those living at or below 100% of the federal poverty level ($p < .001$), and people over age 62 ($p < .001$). Refer to Figure 1.11.

Mental Health

Survey Question 4: During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (feeling depressed or anxious)?

	Frequency	
	Yes	No
a. Accomplished less than you would like	30.5%	69.5%
b. Were limited in the kind of work or other activities	26.1%	73.9%

Overall, respondents reported not being affected by emotional problems; 70% reported that emotional problems did not cause them to accomplish less than they would like and 74% reported that emotional problems did not limit their kind of work or other activities. Respondents of all ages and races reported a similar yet small degree of emotional problems. However, respondents with less education and a high degree of poverty were most likely to be affected by emotional problems. Refer to Figures 1.12 and 1.13.

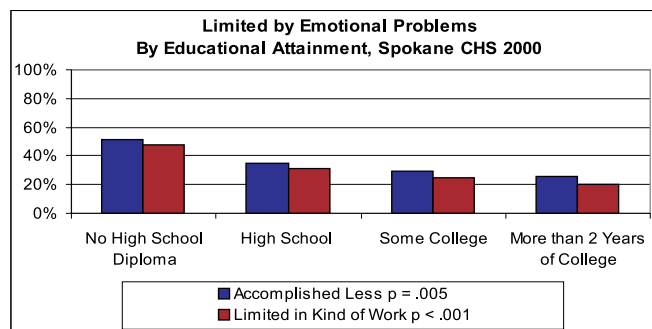


Figure 1.12: Limited by Emotional Problems by Education

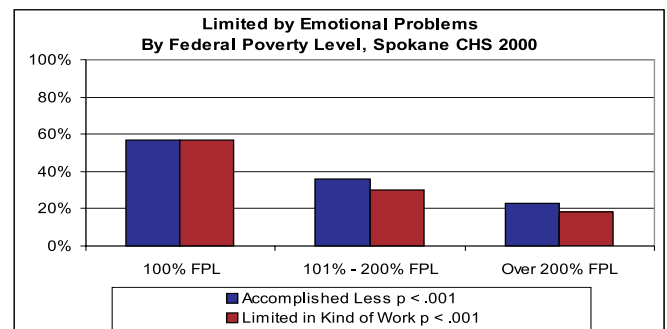


Figure 1.13: Limited by Emotional Problems by Poverty

Survey Question 6: *How much of the time during the past 4 weeks:*

	Frequency					
	<i>All of the time</i>	<i>Most of the time</i>	<i>A good bit of the time</i>	<i>Some of the time</i>	<i>A little of the time</i>	<i>None of the time</i>
a. <i>Have you felt calm and peaceful?</i>	6.4%	41.1%	22.8%	19.1%	8.8%	1.9%
b. <i>Did you have a lot of energy?</i>	3.7%	31.1%	25.8%	23.8%	10.8%	4.8%
c. <i>Have you felt downhearted or blue?</i>	.9%	3.4%	4.9%	17.7%	43.0%	30.2%

Most respondents felt calm or peaceful all of the time, most of the time, or a good bit of the time (70%). Respondents with higher levels of poverty were less likely to have felt calm or peaceful ($p < .001$). Refer to Figure 1.14.

Most respondents (61%) reported having a lot of energy a good bit of the time or more. However, educational attainment, poverty level, and age demonstrated an effect on the degree of energy respondents reported. Almost 30% of respondents with no high school diploma reported having a lot of energy a little bit of the time or none of the time compared to 11% of respondents with more than two years of college ($p < .003$). There was a similar relationship between respondents; 100% or below the federal poverty level (35%) and those over 200% of the federal poverty level (9%, $p < .001$). Almost one-quarter of respondents 65 years and older reported lacking a lot of energy at times where 14% of 18 to 49 year olds reported lacking a lot of energy ($p < .001$).

Almost three-quarters of respondents felt downhearted or blue either a little of the time or none of the time. However, like all other measures of mental health presented here, people who were in higher levels of poverty reported more often feeling downhearted and blue (22% compared to 6% of people over 200% of the federal poverty level, $p < .001$). Age also played a role in whether respondents reported the degree to which they felt downhearted or blue; the younger the respondent the more likely they were to report feeling down ($p < .001$). In addition, non-white people were significantly more likely to report being downhearted or blue all of the time, most of the time, or a good bit of the time ($p < .017$). Refer to Figure 1.15.

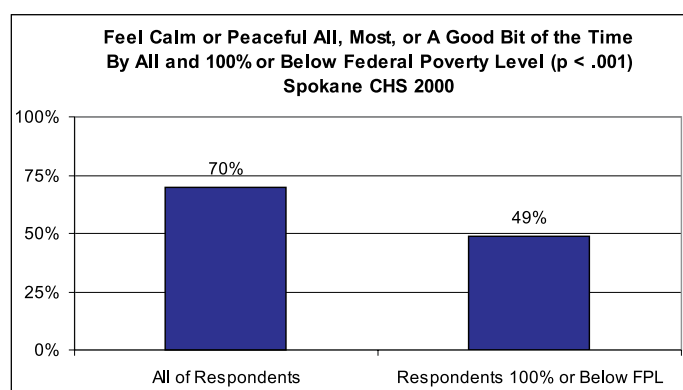


Figure 1.14: Feel Calm or Peaceful by Poverty

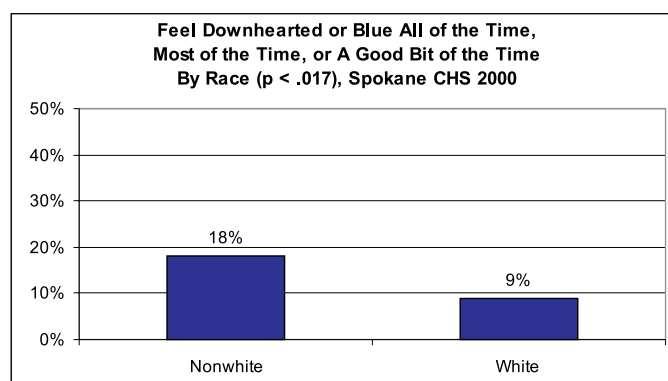


Figure 1.15: Feel Downhearted or Blue by Race

Medical History

Survey Question 9: *Has your health care provider EVER told you that you had any of the following:*

	Frequency
	Yes
a. Heart Attack	5.1%
b. Hypertension (high blood pressure)	27.6%
c. Congestive heart failure (heart failure and enlarged heart)	2.5%
d. High cholesterol	28.8%
e. Angina (chest pain)	6.9%
f. Stroke	3.8%
e. Cancer (malignant cancer of all kinds, including skin cancer)	10.5%
f. Asthma	11.5%
g. Emphysema or chronic bronchitis	5.8%
h. Depression	21.6%
i. Mental health problems or mental illness other than depression	3.3%
j. Arthritis	31.1%
k. Diabetes (high blood sugar) [FOR WOMEN, if you were told you had diabetes only during pregnancy, answer NO.]	7.8%
m. Multiple Sclerosis (M.S.)	.8%
n. Migraines	13.2%
o. Hepatitis B	1.5%
p. Hepatitis C	1.2%
q. Hepatitis Other	2.1%
s. Fibromyalgia	4.2%

The most common health problems that respondents reported ever having were: arthritis, high cholesterol, hypertension, depression, migraines, and asthma. Refer to Figure 1.16.

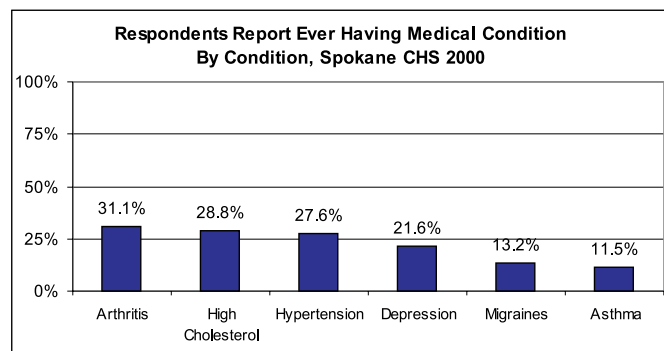


Figure 1.16: Report Ever Having Medical Condition

Poverty status is associated with specific types of health conditions. Refer to Figure 1.17.

Provider Ever Told You That You Had:	Persons Below 200% Federal Poverty Level	Persons Above 200% Federal Poverty Level	P Value
Arthritis	35.9%	27.2%	.002
Hypertension	29.2%	24.7%	.095
High cholesterol	27.0%	28.4%	.619
Depression	26.5%	18.5%	.001
Migraines	17.4%	11.0%	.002
Asthma	13.8%	10.5%	.097
Cancer	12.1%	9.2%	.115
Diabetes	8.6%	6.8%	.250
Angina	8.5%	5.4%	.040
Emphysema	8.5%	4.0%	.001
Heart attack	7.1%	3.5%	.006
Stroke	6.2%	1.5%	< .001
Mental health problems other than depression	6.0%	2.2%	.001
Fibromyalgia	4.4%	4.4%	.960
Congestive heart failure	3.4%	1.8%	.085
Hepatitis other	2.9%	1.8%	.251
Hepatitis C	2.6%	0.5%	.001
Hepatitis B	1.3%	1.6%	.702
Multiple sclerosis	1.0%	0.6%	.412

Figure 1.17: Provider Ever Told You Had Health Condition by Poverty

Survey Question 10: *Do you NOW have any of the following conditions?*

	Frequency
	Yes
a. Trouble seeing with one or both eyes (even when wearing glasses)	20.7%
b. Depression, anxiety or other mental health problems	19.1%
c. Deafness or trouble hearing with one or both ears	20.7%
d. Limited use of an arm or leg (missing, paralyzed, or weakness)	12.4%
e. Toothache(s)	12.8%
f. Migraines or severe headaches	15.4%
g. Sciatica or chronic back problems	22.9%
h. Chronic allergies or sinus problems	25.5%
i. Arthritis of any kind or rheumatism	32.8%
j. Dermatitis or other chronic skin rash	9.0%
k. Asthma	8.3%
l. HIV/AIDS	.2%

The top three health problems that respondents had during the time they completed the survey were arthritis, allergies, and chronic back problems. Refer to Figure 1.18.

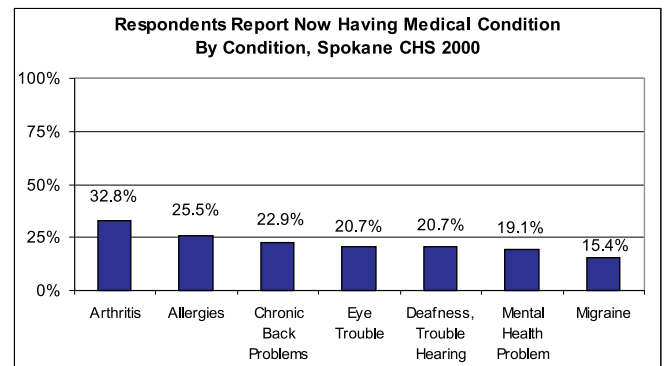


Figure 1.18: Report Now Having Medical Condition

Survey Question 12: *Have you received all of the immunizations (i.e. tetanus, flu etc.) that your health care provider has recommended for you?*

	Frequency
Yes	72.9%
No	8.4%
I have not been offered immunizations by my health care provider	13.7%
Don't know	5.0%

More than two-thirds of respondents reported receiving the immunizations that their health care provider has recommended for them. Fourteen percent reported that their health care provider had not recommended immunizations and another 8% had not received the immunizations recommended by their health care provider. There was no statistically significant difference in receiving immunizations recommended by health insurance type ($p = .117$). However, respondents aged 18-34 years old were least likely to report they had received the immunizations

their health care provider recommended and more likely to report that their health care provider had never recommended immunizations to them ($p < .001$).

Health Behaviors

Survey Question 13: *Do you use the following tobacco products?*

	Yes	No
a. Cigarettes	20.1%	79.9%
b. Chewing tobacco	2.6%	97.4%
c. Pipe tobacco	.7%	99.3%
d. Cigars	1.7%	98.2%

Respondents with minimal education ($P < .001$), living in poverty ($p < .001$) and with public health insurance ($p < .001$) were more likely to use tobacco products. Young age ($p < .001$) and nonwhite status ($p = .018$) were significantly associated with tobacco use. Refer to Figures 1.19 - 1.23.

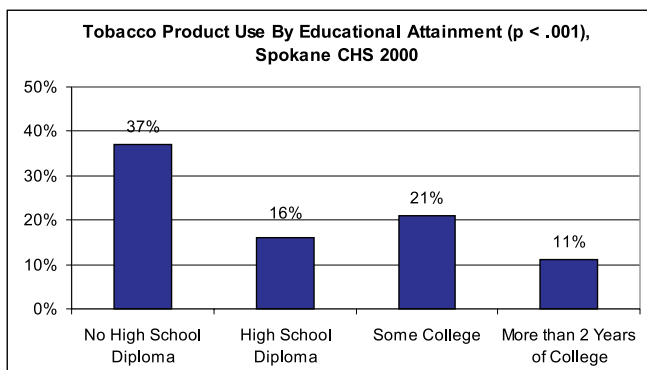


Figure 1.19: Tobacco Product Use by Education

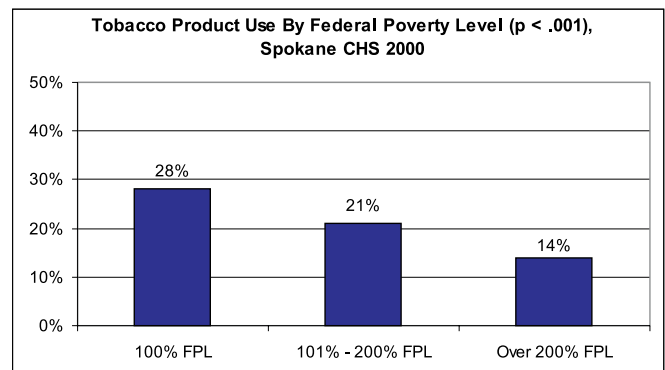


Figure 1.20: Tobacco Product Use by Poverty

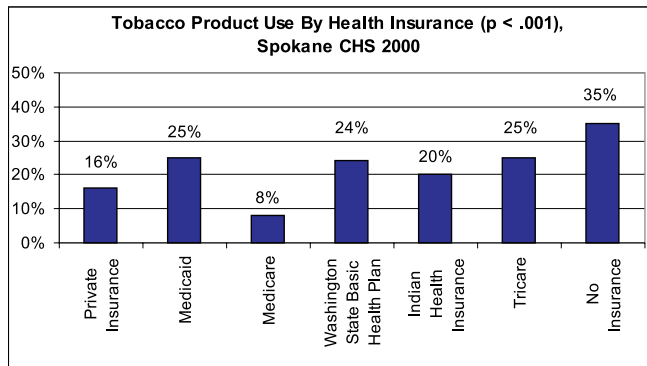


Figure 1.21: Tobacco Product Use by Insurance

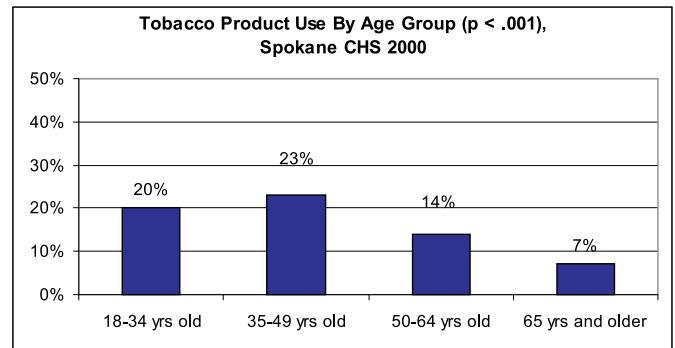


Figure 1.22: Tobacco Product Use by Age

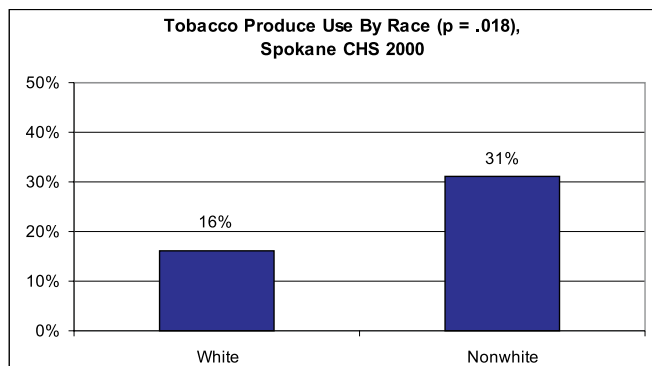


Figure 1.23: Tobacco Product Use by Race

Survey Question 14: *What are your cigarette smoking habits?*

	<i>Frequency</i>
<i>Never Smoked</i>	46.4%
<i>Used to Smoke</i>	33.7%
<i>Still Smoke</i>	19.9%

Over half of respondents had smoked cigarettes at some time in their life. Respondents who reported less education ($p < .001$), a higher degree of poverty ($p < .001$), and who were over age 64 ($p < .001$) were more likely to have smoked at some time in their life.

Among the respondents who reported that they still smoked, 74% reported trying to cut down or quit smoking. Of all smokers who wanted to quit, there was not a statistically significant difference in race ($p = .076$), age ($p = .135$), or poverty status ($p = .525$). Respondents with no high school diploma were less likely to report wanting to cut down or quit smoking than those with more education ($p = .044$). Respondents who still smoked were more likely to report that making health behavior changes that a health care provider recommended were too difficult. Although, respondents who smoked were *more* likely to report trying to reduce the amount of alcohol they consumed but *less* likely to report changing their diet by reducing the amount of food they ate or eating healthier foods.

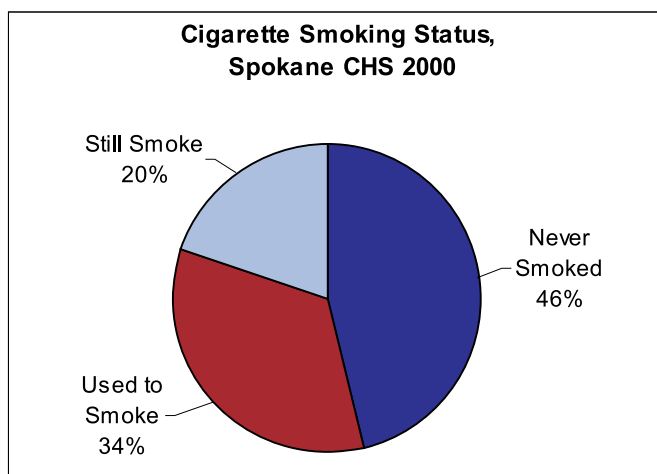


Figure 1.24: Cigarette Smoking Status

Survey Question 17: *How many alcohol drinks do you drink in one week, including weekends? (A drink is one bottle or can of beer, 1 glass of wine, 1 mixed drink, or 1 shot of liquor.) Mean = 3.53*

The average number of drinks that respondents reported consuming in one week was 3.53. This did not differ significantly between age groups, poverty status, or educational attainment.

Survey Question 18: *How many times in the past month did you drive after drinking 2 or more alcoholic drinks in the hour before you drove? Mean = 0.41*

The average number of times that a respondent drove after drinking 2 or more alcoholic drinks in the hour before they drove home was 0.41. 91% of respondents reported never driving after consuming 2 or more alcoholic drinks within the hour of driving.

Survey Question 19: *What is your height without shoes?*

	Mean Height in Inches	Standard Deviation	95% Confidence Intervals
Male	70.17	5.37	69.73, 70.60
Female	64.86	3.35	64.63, 65.10

Survey Question 20: *What is your weight?*

	Mean Weight	Standard Deviation	95% Confidence Intervals
Male	191.28	39.861	188.07, 194.50
Female	160.51	39.637	157.69, 163.34

According to the Body Mass Index (BMI), 62% of the respondents were outside the normal weight range. Refer to Figure 1.25. This survey took into account the height and weight of respondents and not measures of muscle weight; therefore some respondents may have been placed above or below the BMI normal weight range when they have, in fact, normal BMI. Obese and very obese respondents reported that if a health care provider told them to make lifestyle changes to improve their health, they would say that they are working hard now to change. Obese and very obese respondents were also more likely to report trying to change their diet by reducing the amount of food they eat and eating healthier foods.

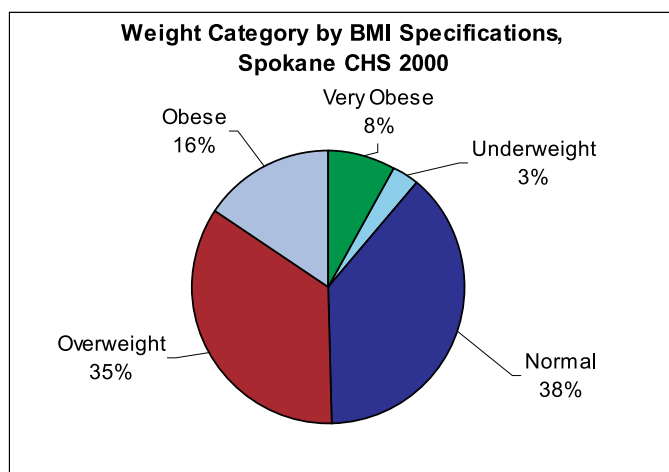


Figure 1.25: Weight Category by BMI

Survey Question 15: *How often do you buckle your safety belt when driving or riding in a car?*

	<i>Frequency</i>
<i>Always</i>	73.0%
<i>Almost always</i>	16.7%
<i>Sometimes</i>	5.4%
<i>Rarely</i>	3.1%
<i>Never</i>	1.2%

Most respondents reported always buckling their seatbelts while riding in a vehicle. Those with less education were less likely to buckle their seat belts than those with more education ($p < 0.004$).

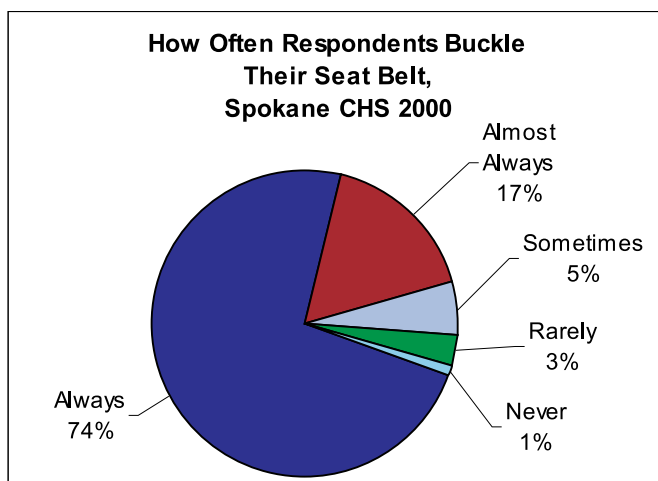


Figure 1.26: Seat Belt Use

Survey Question 21: *Thinking about the amount of stress in your life, would you say that most days are:*

	<i>Frequency</i>
<i>Extremely stressful</i>	4.6%
<i>Quite stressful</i>	21.9%
<i>A bit stressful</i>	57.1%
<i>Not at all stressful</i>	16.3%

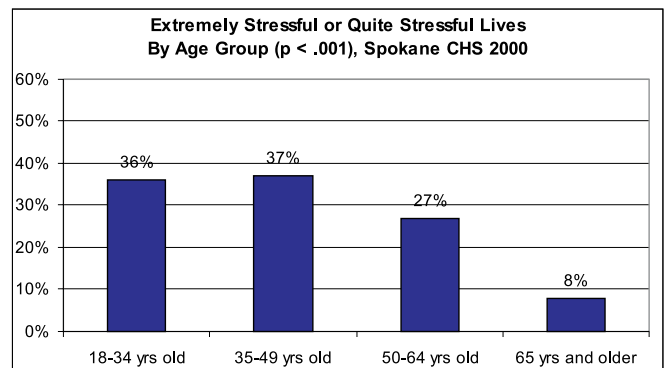


Figure 1.27: Stressful Lives by Age

Respondents with higher educational attainment or at or below 100% of the federal poverty level reported *more* stress in their life ($p = .010$). Younger respondents tended to report being more stressed than older respondents ($p < .001$). Refer to Figure 1.27.

Survey Question 22: *What would you say if a health care provider told you to make lifestyle changes to improve your health?*

	Frequency
<i>There is nothing I really want to change.</i>	19.6%
<i>I have some changes to make, and I really think I should work on them.</i>	49.2%
<i>I want to make changes but I find it too difficult.</i>	15.2%
<i>I am really working hard now to change.</i>	13.9%
<i>I need help right now to maintain changes I have already made.</i>	1.9%

Almost half of the respondents reported that they have lifestyle changes to make and should work on them.

Survey Question 23: *Which of the following do you try to do?*

	Frequency		
	Yes	No	Not Applicable
a. Reduce the amount of alcohol you drink	11.4%	26.4%	62.1%
b. Cut down or quit smoking	16.9%	8.0%	75.1%
c. Wear your seat belt more	24.9%	16.8%	58.3%
d. Change your diet by reducing the amount of food you eat	56.9%	27.1%	16.0%
e. Change your diet by eating healthier foods	73.2%	16.0%	10.8%
f. Exercise more	73.8%	18.9%	7.3%
g. Learn to relax and reduce your stress	65.8%	19.8%	14.4%

Overall, respondents report that they try to eat less, eat healthier, exercise more, and learn to relax and reduce their stress. Refer to Figure 1.28.

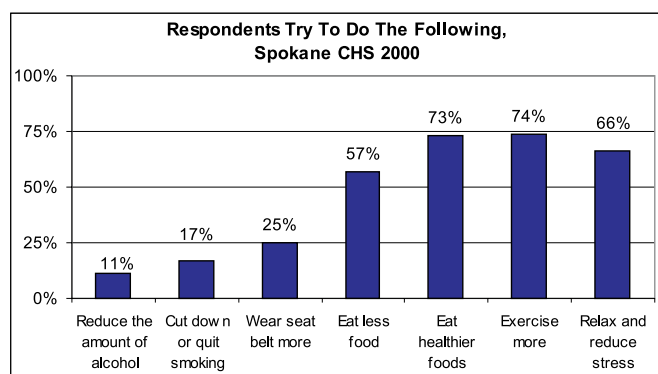


Figure 1.28: Respondents Try to Improve Their Health

Survey Question 11: *In the past 12 months, have you considered suicide as a solution to your problems?*

	Frequency
Yes	5.1%
No	94.9%

Five percent, or 69 respondents, reported that they had considered suicide as a solution to their problems within the past year. 7.5% of respondents 18 – 49 years old reported that they had considered suicide, where 2.7% of respondents 50 and older reported that they had considered suicide ($p < .001$). 14.3% of respondents at or below 100% of the federal poverty level and below reported they had considered suicide. Whereas, 5.1% of respondents between 101% -200% of the federal poverty level and 4.1% of respondents over 200% of the federal poverty level reported they considered suicide as a solution to their problems within the past 12 months ($p < .001$).

Health Information

Survey Question 24: *What **three** types of media do you use most often to receive health information? (Choose only three.)*

	Frequency
Doctor's office	67.2%
Health clinic	7.5%
Brochures, pamphlets, etc.	39.7%
Hospital	6.8%
Public health facility	2.7%
Emergency room/urgent care	5.1%
Newspaper	41.9%
Radio	15.3%
Television	56.1%
Hotline	.7%
Employer	8.6%
Children's school or child care	2.2%
Internet	21.0%
Other	15.1%

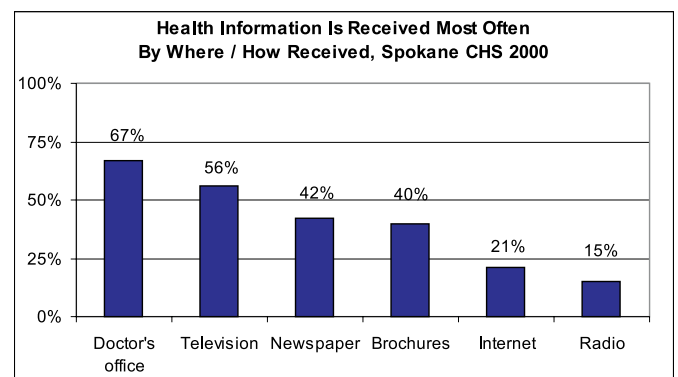


Figure 1.29: Health Information Received

Respondents reported the doctor's office (67%), television (56%), the newspaper (42%), brochures (40%), and the internet (21%) as the places they most often received health information. Other less popular ways respondents received health information was their employer (9%), health clinics (8%), hospitals (7%), emergency room or urgent care (5%), public health facility (3%), or child's school or childcare (2%). Although magazine was not among the categories provided as types of media used to receive health information, 2% of the respondents wrote in 'magazines.' Refer to Figure 1.29.

Health Screening

Survey Question 25: *When was the last time you had the following?*

	Frequency				
	<i>In the past year</i>	<i>In the past 2 years</i>	<i>Between 2 and 5 years ago</i>	<i>More than 5 years ago</i>	<i>Never</i>
a. Dental exam/teeth cleaning	67.4%	11.3%	10.9%	9.0%	1.4%
b. Cholesterol screening (by drawing blood or pricking finger)	50.4%	13.3%	13.5%	7.8%	15.0%
c. Blood pressure screening	79.3%	8.6%	4.7%	3.1%	4.3%
d. Colorectal cancer screening (testing a sample of your stool using a home-test kit, or an exam performed by physician in which an instrument was inserted into your rectum)	26.7%	11.1%	11.1%	7.5%	43.6%
e. Diabetes screening (blood sugar test)	38.9%	10.1%	9.7%	10.3%	31.1%
f. Skin cancer screening	19.4%	7.7%	6.5%	3.9%	62.6%
MEN: Prostate screening	41.8%	12.6%	9.3%	5.7%	30.6%
WOMEN: Breast exam by health care provider	69.3%	14.5%	8.8%	5.2%	2.3%
WOMEN: Mammogram	46.9%	13.2%	9.2%	4.7%	26.1%
WOMEN: Pap smear (a test for cervical cancer)	63.9%	14.9%	11.3%	8.4%	1.5%

A large percentage of respondents were screened regularly, especially for blood pressure and dental exams.

- Most women reported receiving breast exams (85%) and pap smears (82%) within the past two years.
- Eighty percent of women ages 40 and older reported having a mammogram within the past two years.
- Three-quarters of respondent men ages 50 and older reported being screened for prostate cancer within the past two years.
- Sixty percent of all respondents ages 50 years and older reported being screened for colorectal cancer within the past two years; and
- Sixty-one percent of all respondents aged 45 and older reported being screened for diabetes within the past two years.

Overall respondents with commercial health insurance, Medicaid, and Medicare were more likely than those with the Washington State Basic Health Plan or no insurance to have been screened for cholesterol, high blood pressure, diabetes, colorectal cancer, skin cancer, prostate cancer, and breast cancer and were more likely to have had a dental exam and a pap smear.

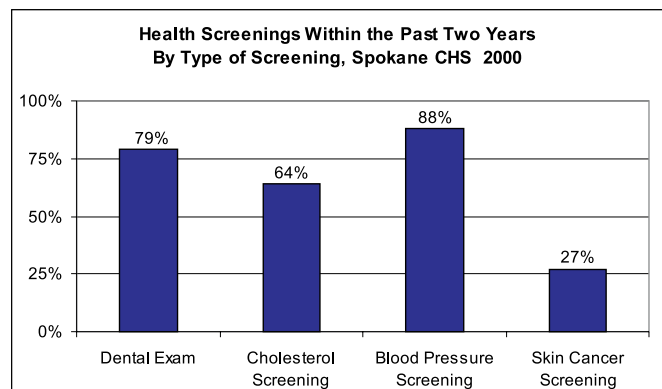


Figure 1.30: Health Screenings by Type

Health Care

Places Most Likely to Go When You Are Sick or Want Advice About Health

Survey Question 26: *Where do you usually go when you are sick or want advice about your health? (Choose all that apply.)*

	Frequency
a. A doctor's office	89.5%
b. Neighborhood or community health center	4.3%
c. Health department	1.5%
d. Hospital emergency room	17.4%
e. Urgent care center	23.3%
f. Nurse or clinic at my place of employment	3.8%
g. College or university health center	1.4%
h. Church or religious organization	1.2%
i. Home	14.4%
j. Friend, neighbor or relative who is a doctor/nurse	14.4%
k. Chiropractor	9.0%
l. Mental health counselor	2.9%
m. Other (please write in)	7.6%

The most common places respondents went when they were sick or wanted advice about their health were the doctor's office (90%), urgent care center (23%), and hospital emergency room (17%). There was little difference in how respondents sought health care by 100%-199% of the Federal Poverty Level (FPL) and more than 200% FPL. The difference was seen in those under 100% and over 100% FPL. Respondents who lived at or below 100% FPL were less likely to go to the doctor's office ($p < .001$) when they were sick or wanted health advice and more likely to go to a community health center ($p < .001$), the hospital emergency room ($p = .003$), home ($p < .001$), or a mental health counselor ($p < .001$) than respondents who lived above 100% FPL.

Respondents who were 18 to 34 years old were more likely to go to a community health center ($p = .002$), college or university health clinic ($p < .001$), home ($p = .001$), or a friend or relative that was a nurse or a doctor ($p < .001$) when they were sick or wanted advice. Older respondents, especially those ages 65 and older, were more likely to get advice or health information from a hospital emergency room ($p < .001$).

Nonwhite respondents were more likely to go to a community center ($p = .009$) or church or religious organization ($p = .028$) for health information when they were sick or needed health advice. Nonwhite respondents were less likely than whites to go to a public health facility to get care when they were sick or needed health advice ($p = .002$).

Respondents with commercial health insurance were least likely to use the hospital emergency room when they were sick or needed health advice (13% of those with commercial health insurance compared to 25% of those in other health insurance categories, $p < .001$).

Most respondents, regardless of their type of health insurance, reported going to the doctor's office when they were sick or wanted health advice. Sixteen percent of Medicaid respondents reported going to a mental health counselor

when sick or to get health advice compared to 3% of respondents with other types of insurance ($p < .001$). Refer to Figure 1.31.

Sought Health Care in the Past Year

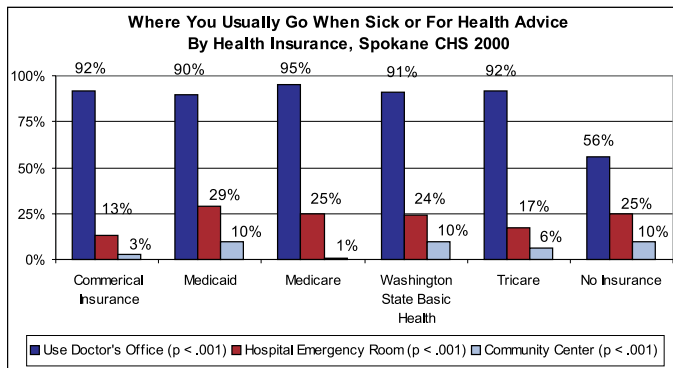


Figure 1.31: Where You Go When Sick or Need Advice by Insurance

Survey Question 27: *Have you sought care at any of the following types of health care facilities during the past year? If YES, write in the number of visits during the past year. Circle DK if “don’t know.”*

	Frequency		Mean and Standard Deviation of Mean		Frequency
	Yes	No	If yes, how many times? Mean	Standard Deviation	Don't know
a. Doctor's office	81.1%	13.8%	3.26	6.562	4.3%
b. Hospital clinic	13.5%	86.5%	.24	2.361	.4%
c. Hospital emergency room	27.0%	73.0%	.29	1.772	.4%
d. Urgent care center	27.6%	72.6%	.25	.790	.2%
e. Health department clinic	3.2%	96.8%	.02	.175	.1%
f. Neighborhood or community health center	4.3%	95.7%	.04	.447	.6%
g. Rehabilitation hospital	3.4%	96.6%	.15	1.468	.4%
h. Psychiatric hospital	.7%	99.3%	.01	.270	.2%
i. Veterans Administration (VA) facility	3.6%	96.4%	.15	2.808	.2%
j. Community mental health center	.9%	99.1%	.06	1.448	.3%
k. Military hospital	4.3%	95.7%	.08	.728	.1%
l. Other (please write in)	10.4%	89.6%	.35	2.675	.4%

The most common places respondents sought care within the past year was at the doctor’s office (81%), the emergency room (17%), and an urgent care center (17%).

Respondents living at or below 100% of the federal poverty level were more likely to have sought care in a hospital clinic ($p = .007$), emergency room ($p < .001$), health department clinic ($p < .001$), community health center ($p < .001$), or community mental health center ($p < .001$). Respondents with higher incomes were more likely to have sought care within the past year at an urgent care center ($p = .035$).

Older respondents were more likely to have sought care in an emergency room ($p = .001$), Veterans Administration facility ($p < .001$) or a rehabilitation center ($p < .001$) within the past year. Nonwhite respondents were more likely to seek care in a community health center ($p = .042$) and a military hospital ($p = .004$) within the past year.

Most respondents with commercial health insurance, Medicaid, Medicare, Washington State Basic Health, and Tricare had sought care mainly from a doctor's office in the last year.

Respondents with public insurance and no insurance were more likely to report seeking care in the last year from a hospital clinic or emergency room than those with commercial insurance ($p < .001$). Refer to Figure 1.32.

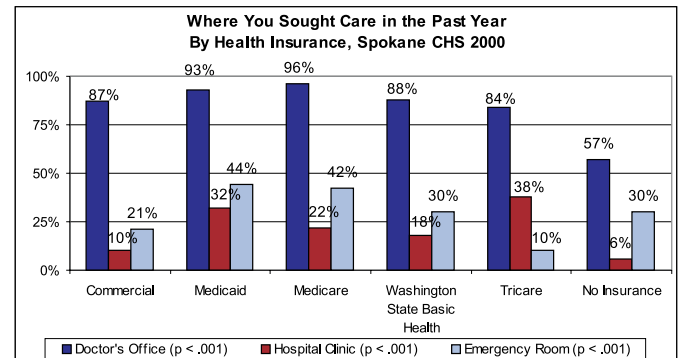


Figure 1.32: Where You Sought Care by Health Insurance

Emergency Room Usage

Survey Question 28: *During the past 12 months, what was the reason you went to a hospital emergency room for medical care? (Choose all that apply.)*

	Frequency
a. I did not go to the emergency room in the past 12 months	70.7%
b. I did not have a regular place to go for health care	3.0%
c. I did not have health insurance for a doctor's visit	2.4%
d. It took too long to get an appointment at the doctor's office	2.3%
e. My doctor's office was closed	5.7%
f. I was very sick or seriously injured	11.3%
g. Other (please write in)	5.5%

Among respondents who used an emergency room, the most common reason given was because of a serious sickness or injury (38%) or because the doctor's office was closed (19%).

Respondents with Medicaid and no insurance were most likely to use the emergency room because they were sick or seriously injured than those with other types of insurance ($p < .001$). Refer to Figure 1.33.

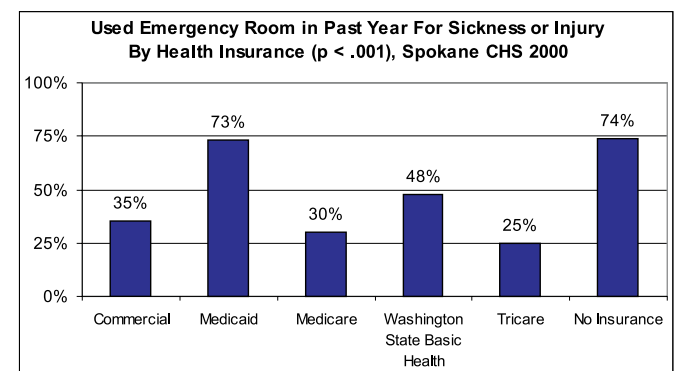


Figure 1.33: Used Emergency Room by Health Insurance

Survey Question 29: *Did you stay in a hospital for one night or more for any reason in the past year?*

	<i>Frequency</i>
Yes	12.1%
No	87.9%

Survey Question 30: *Was your hospital stay in the past year for surgery?*

	<i>Frequency</i>
Yes	49.3%
No	50.7%

Survey Question 31: *WOMEN ONLY: Was your hospital stay in the past year because you had a baby?*

<i>Includes only women who were hospitalized</i>	<i>Frequency</i>
Yes	32.5%
No	67.5%

Eleven percent of respondents reported having to stay in the hospital for one night or more within the past year. Almost 50% of hospitalizations over the past year among respondents were for surgery. One-third of all women who reported being hospitalized were there because they had a baby.

Regular Health Care Provider

Survey Question 32: *Is there a doctor, nurse practitioner, or physician assistant that you consider to be your regular health care provider?*

	<i>Frequency</i>
Yes	84.7%
No	15.3%

Most respondents reported having a regular health care provider (85%) regardless of educational attainment, poverty level, or race. However, people 18 to 34 years old reported more often that they did not have a regular health care provider, 33% of people 18 to 34 years old compared to 12% of older respondents ($p < .001$). Refer to Figure 1.34. In addition, people with no insurance (60%) were more likely to report no regular health care provider ($p < .001$).

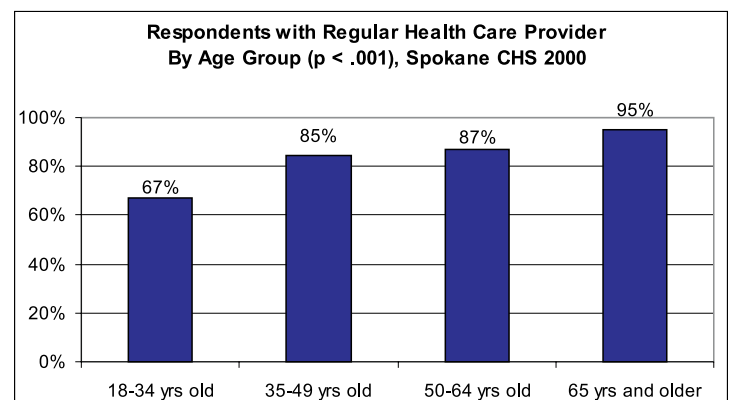


Figure 1.34: Respondents with Regular Health Care Provider by Age

Satisfaction with Health Care Services and Health Care Provider

Survey Question 33: *Thinking about your health care provider, please rate the following:*

	Frequency						
	Very Poor	Poor	Fair	Good	Very Good	Excellent	Not Applicable
a. Convenience of the location of the provider's office	.5%	2.0%	9.8%	27.5%	30.2%	28.3%	1.7%
b. Hours when their office/clinic is open	.1%	.8%	7.7%	38.0%	35.5%	16.1%	1.9%
c. Length of time you wait between making an appointment and the day of your visit	1.6%	5.3%	19.1%	31.5%	23.0%	16.3%	3.2%
d. Length of time you wait in the office or clinic to see your provider	2.0%	4.9%	19.5%	33.8%	22.3%	14.8%	2.7%
e. Ability to speak to your provider or your place of care by phone when you have a question or need advice	2.8%	6.5%	15.8%	28.1%	23.1%	19.1%	4.7%
f. Translation services available	.4%	.4%	1.5%	3.7%	1.3%	2.2%	90.5%
g. Transportation services to help you keep an appointment	1.0%	1.2%	1.8%	4.9%	3.4%	3.9%	83.9%
h. Child care available on site	4.2%	.8%	1.2%	1.5%	1.7%	1.0%	89.5%
i. Access to the care of a specialist if you need it	.9%	1.4%	5.0%	26.1%	27.8%	28.1%	10.8%
j. Access to hospital care if you need it	.4%	.9%	3.1%	24.3%	28.8%	33.5%	9.0%
k. Arrangements for making appointments for medical care by phone	.4%	1.4%	5.1%	26.3%	28.5%	30.9%	7.5%
l. Access to medical care whenever you need it	.8%	1.8%	7.5%	29.1%	29.1%	27.8%	4.0%
m. Services available for getting prescriptions filled	1.5%	2.1%	6.2%	23.5%	27.8%	28.3%	10.5%

Respondents were asked to rank the services of their health care provider. Over half of respondents ranked the following services as very good or excellent:

- Access to hospital care (62.3%)
- Making medical arrangements by phone (59.4%)
- Convenience of the provider's office location (58.5%)
- Accessing medical care when they need it (56.9%)
- Services available to get prescriptions (56.1%)
- Ability to access a specialist (55.9%), and
- Clinic office hours (51.6%)

Services ranked most often as poor were the length of time waiting between making an appointment and the day of the visit, the length of time waiting in the clinic to see the provider, and the ability to speak with a doctor over the phone for advice.

Clinic office hours were less convenient for those who had less education and who were younger. Refer to Figures 1.35 and 1.36.

Age was significantly related to how respondents ranked the length of waiting time between making an appointment and the day of the visit and the time spent waiting in the provider's clinic ($p = .004$). Refer to Figure 1.37.

Respondents without a high school diploma ($p < .001$), living at or below 100% of the federal poverty level ($p < .001$), or ages 65 or older ($p < .001$) were more likely to need transportation services to help keep a medical appointment. Twenty-two percent of respondents who lived at or below 100% of the federal poverty level ($p < .001$), 27% with Medicaid insurance ($p < .023$), and 17% of 18-34 year olds ($p < .001$) reported needing child care services. However, only 11% of respondents indicated they needed child care and 16% reported needing transportation services.

Respondents 50 and older were more likely to report satisfaction with access to specialty ($p < .001$) and hospital care ($p = .014$). Refer to Figure 1.38. Satisfaction levels of specialty care and hospital access did not significantly vary among respondents relative to educational or poverty levels.

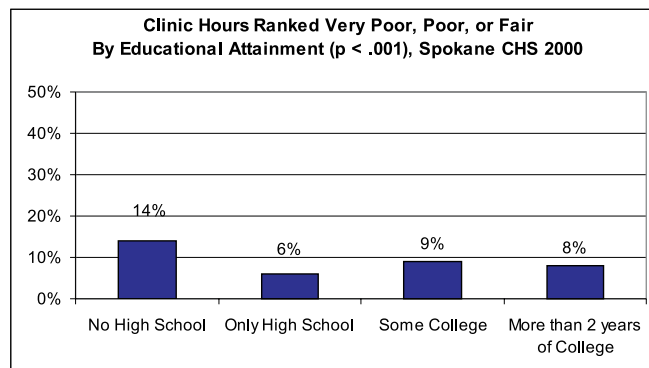


Figure 1.35: Clinic Hours Ranked by Education

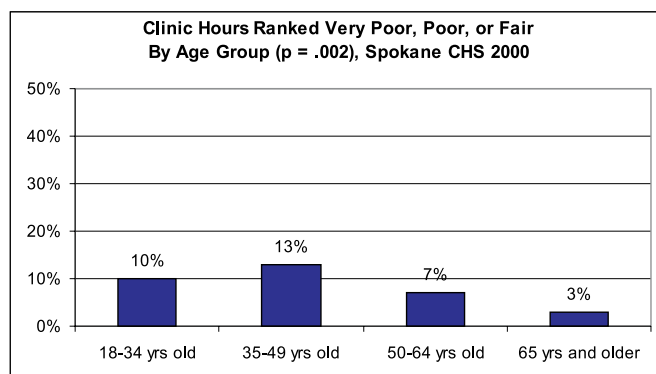


Figure 1.36: Clinic Hours Ranked by Age

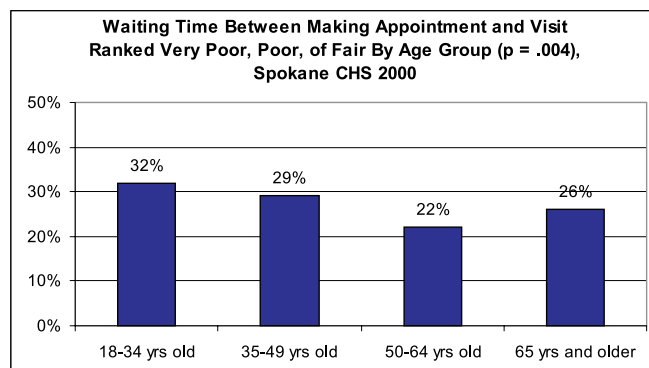


Figure 1.37: Waiting Time Ranked by Age

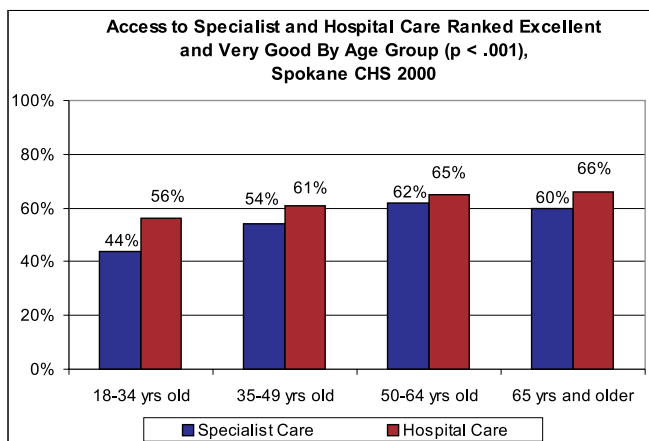


Figure 1.38: Access to Specialist and Hospital Care Ranked by Age

Survey Question 34: *Thinking about your regular health care provider, how would you rate the following:*

	Frequency					
	Very Poor	Poor	Fair	Good	Very Good	Excellent
a. Their explanation(s) of health problems or treatments that you need	.5%	1.4%	8.7%	29.7%	37.5%	22.3%
b. Their attention to what you say	.8%	1.8%	8.5%	29.6%	36.5%	22.8%
c. Thoroughness of their questions about your symptoms and how you are feeling	.5%	1.6%	11.0%	31.3%	34.1%	21.6%
d. Their instructions about what symptoms are important to report to a provider	.5%	3.1%	11.7%	32.5%	33.4%	18.8%
e. Their advice and help in making decisions about your care	.5%	1.9%	11.8%	31.0%	34.8%	20.0%
f. Amount of time you have with the provider	.9%	3.8%	15.3%	34.9%	30.1%	15.1%
g. Advice you get about ways to avoid illness and stay healthy	1.5%	3.5%	14.8%	34.2%	30.2%	15.7%
h. Number of doctors you choose from	2.4%	4.8%	12.6%	35.7%	28.1%	16.4%
i. Ease of seeing the doctor of your choice	2.7%	4.4%	14.1%	29.9%	29.4%	19.5%
j. Friendliness and courtesy shown to you by doctors and staff	.3%	.7%	7.1%	31.1%	33.1%	27.7%
k. Personal interest in you and your medical problems	.9%	2.6%	11.7%	30.0%	31.8%	22.9%
l. Reassurance and support offered to you by doctors and staff	.8%	2.4%	13.4%	31.2%	30.7%	21.5%
m. Knowledge of your values and beliefs	2.7%	7.0%	19.3%	31.0%	24.7%	15.2%
n. Knowledge of your responsibilities at work, home or school	2.8%	7.5%	20.3%	31.5%	24.7%	13.3%
o. Knowledge of what worries you most about your health	3.0%	7.4%	20.2%	31.9%	23.3%	14.1%
p. Knowledge of your entire medical history	2.1%	4.3%	16.9%	31.7%	28.0%	17.1%

Respondents were asked to rank their level of satisfaction with their regular health care providers. Overall, respondents rated the level of care from their health care provider as good, very good, or excellent. The aspects of care that respondents rated very well were 1) explanations of health problems or treatments, 2) friendliness and courtesy shown by the doctor and staff, 3) attention to what respondents said, 4) thoroughness of questions about symptoms, 5) personal interest in respondent and medical problems, and 6) advice and help in making decisions about care. Refer to Figure 1.39.

Regular Health Care Provider Rated as Very Good or Excellent Spokane CHS 2000	
Explanation of health problems and treatment	60%
Friendliness of doctors and staff	60%
Attention to what respondent says	59%
Thoroughness of questions about symptoms	55%
Personal interest in respondents and medical problems	55%
Advice in making decisions about care	55%
Instructions of what symptoms to report	52%
Reassurance offered by doctors and staff	52%
Ease of seeing doctor of choice	49%
Advice about ways to avoid illness	46%
Knowledge of medical history	45%
Amount of time with provider	45%
Number of doctors to choose from	44%
Knowledge of values and beliefs	40%
Knowledge of responsibilities at home, work or school	38%
Knowledge of health worries	37%

Figure 1.39: Top Aspects of Regular Health Care Rated

Poverty level was the most significant differentiation among respondents in how they perceived and ranked their providers on aspects of the delivery of care. Respondents who lived at or below 100% of the federal poverty level reported significantly higher rates of dissatisfaction than those above 100% of the federal poverty level in the aspects shown in Figure 1.40

Healthcare Aspects Rated as Very Poor, Poor, or Fair			
	100% At or Below Federal Poverty Level Percent	Over 100% of Federal Poverty Level Percent	P-Value
Knowledge of values and beliefs	40%	28%	.013
Knowledge of responsibilities at home, work, or school	40%	30%	.002
Amount of time with the provider	34%	18%	.004
Number of doctors to choose from	33%	18%	.003
Knowledge of entire medical history	32%	22%	.015
Advice and help in making decisions about health care	26%	13%	.001
Thoroughness of provider's questions about symptoms and how respondent is feeling	25%	11%	< .001
Personal interest in respondent and medical problems	25%	14%	.011
Reassurance and support offered to respondents by doctors and staff	23%	16%	.005
Explanations of health problems or treatments	22%	9%	.001
Attention to what respondent says	22%	10%	.001
Friendliness and courtesy shown by the doctor and staff	17%	7%	.001

Figure 1.40: Healthcare Aspects Rated by Poverty

Respondents with Tricare, no insurance, and Washington State Basic Health Plan were significantly associated with poor ratings with choice of doctors compared to respondents with other types of health insurance ($p < .001$). These respondents also were significantly associated with rating the ease of seeing a doctor as very poor, poor, or fair ($p < .001$). Refer to Figure 1.41.

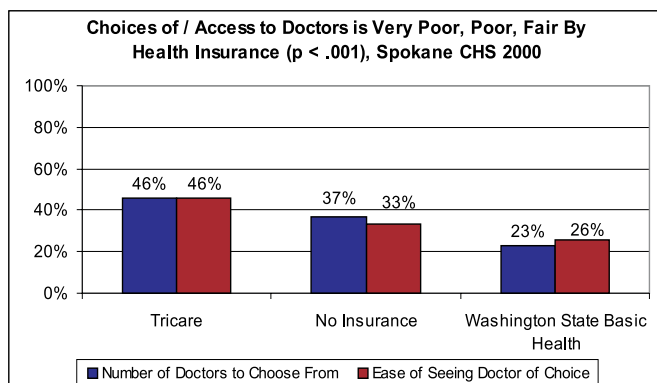


Figure 1.41: Choices of and Access to Doctors Rated by Insurance

Other aspects of health care addressed how well the provider treated and knew the respondent. Respondents with no insurance (19%), Medicaid (15%), and Washington State Basic Health (15%) reported that the friendliness and courtesy shown by doctors and staff was very poor, poor, or fair ($p < .001$).

Almost one third of respondents rated their health care provider's knowledge of their responsibilities at home, work, or school as very poor, poor, or fair. However, respondents with Washington State Basic Health (36%), Tricare (36%), commercial insurance (35%), and no insurance (28%) were more likely to report this over Medicaid (20%) and Medicare (19%) ($p = .007$). Refer to Figure 1.42.

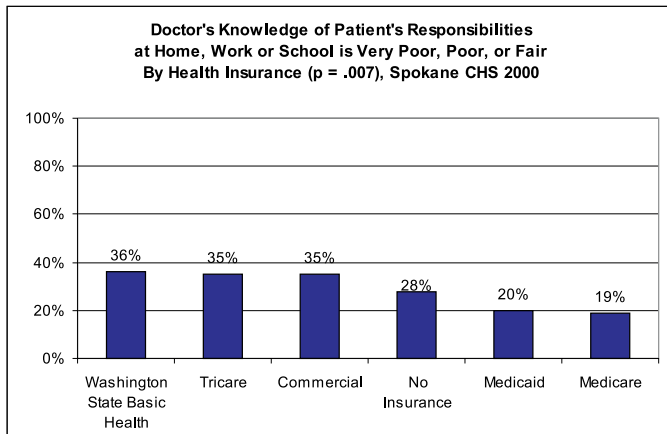


Figure 1.42: Doctor's Knowledge of Patient's Responsibilities by Insurance

Survey Question 35: *How much do you trust your regular health care provider?*
(Scale from one to ten) Mean = 8.18

Respondents were asked to rate their level of trust of their health care provider on a scale of 1 to 10. The mean score for all respondents was 8.18, indicating that the respondents tend to trust their health care provider. There was a statistically significant relationship between the level of trust of health care providers by insurance type ($p < .001$). Those who were uninsured had a significant difference in mean compared to others who had health insurance. Refer to Figure 1.43. Respondents aged 50 and older had a higher mean score in their level of trust for their health care provider (8.5) compared to those under age 50 (7.84, $p < .003$).

Uninsured Level of Trust on a Scale of 1 to 10 Compared to Other Types of Insurance				
	Mean Difference	Standard Error	P- Value significance	95% Confidence Interval
Commercial/HMO	-.95	.282	.017	-1.81, -.09
Medicaid	-1.60	.451	.008	-2.98, -.23
Medicare	-1.58	.296	< .001	-2.48, -.68
Washington State Basic Health Plan	-1.17	.347	.016	-2.23, -.12
Tricare	-.60	.436	1.000	-1.93, .73

Figure 1.43: Uninsured Level of Trust Compared to Other Types of Insurance

Survey Question 36: How satisfied are you with:

	<i>Very Satisfied</i>	<i>Satisfied</i>	<i>Not Satisfied or Dissatisfied</i>	<i>Dissatisfied</i>	<i>Very Dissatisfied</i>
a. The quality of your health care	36.6%	49.1%	10.2%	2.5%	1.6%
b. The results of your health care	31.3%	52.4%	11.7%	2.9%	1.7%

Most respondents were very satisfied or satisfied with both the quality (86%) and results (83%) of their health care. Refer to Figure 1.44.

Respondents 18 years through 34 years old

($p < .001$) and those with no insurance ($p = .001$) were also more likely to be either dissatisfied or very dissatisfied with the results of their health care than older respondents and respondents with health insurance.

Respondents 18 – 34 years of age ($p < .001$) and respondents with no health insurance ($p < .001$) were also more likely to report dissatisfaction in the quality than older respondents and respondents with health insurance. Refer to Figure 1.45.

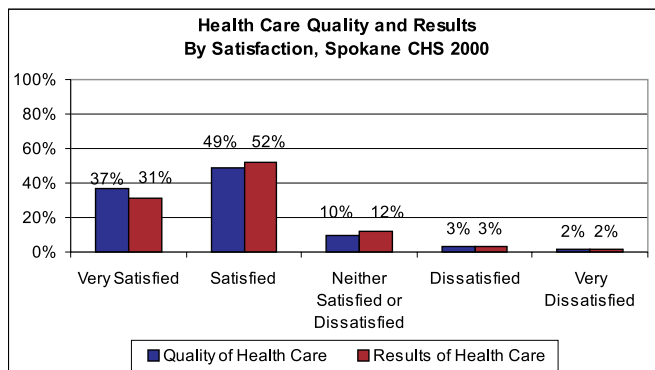


Figure 1.44: Health Care Quality and Results by Satisfaction

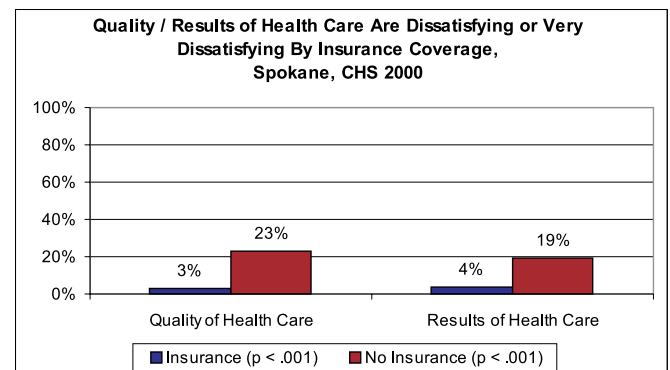


Figure 1.45: Health Care Quality and Results by Insurance

Satisfaction with Health Insurance Plan

Survey Question 37: Thinking about your health care, please answer the following:

	<i>Yes, Often</i>	<i>Yes, Occasionally</i>	<i>No, Never</i>	<i>Does Not Apply</i>
a. Do you ever put off going to your healthcare provider because visits are too expensive?	9.8%	19.1%	62.9%	8.2%
b. Do you ever skip medications or treatments because they are too expensive?	7.4%	17.2%	66.2%	9.2%
c. Do you ever put off going to your dentist because visits are too expensive?	24.1%	23.1%	44.9%	7.9%
d. Do you ever put off receiving healthcare because you cannot afford your co-payments?	7.2%	13.5%	69.6%	9.8%

More than one in five respondents reported putting off going to see a health care provider often or occasionally, getting medications or treatments, dental care, and health care due to expensive co-payments. Refer to Figure 1.46.

Respondents were more likely to put off receiving health care often or occasionally, if they lived at or below 100% of the Federal Poverty Level ($p < .001$), were younger ($p < .001$), or received public types of health insurance or were uninsured ($p < .001$). Refer to Figures 1.47 and 1.48.

Respondents with children under 18 years of age living in the household were also more likely to report putting off health care provider visits ($p = .018$) and dental care ($p < .001$). Refer to Figure 1.49.

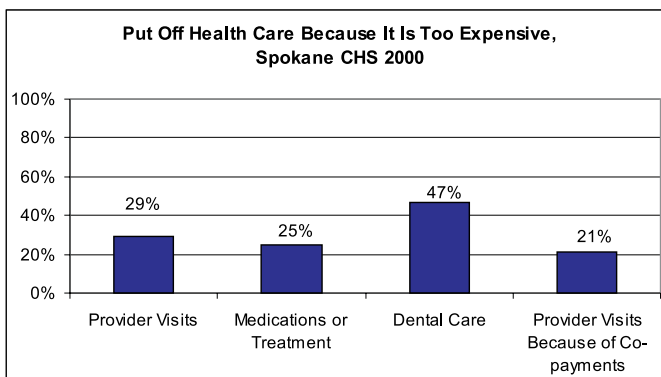


Figure 1.46: Put Off Health Care Because Too Expensive

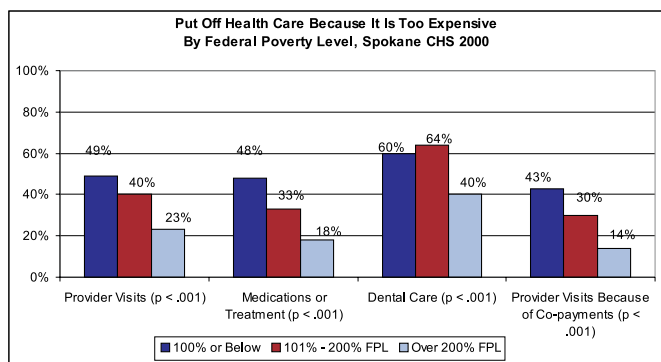


Figure 1.47: Put Off Health Care Because Too Expensive by Poverty

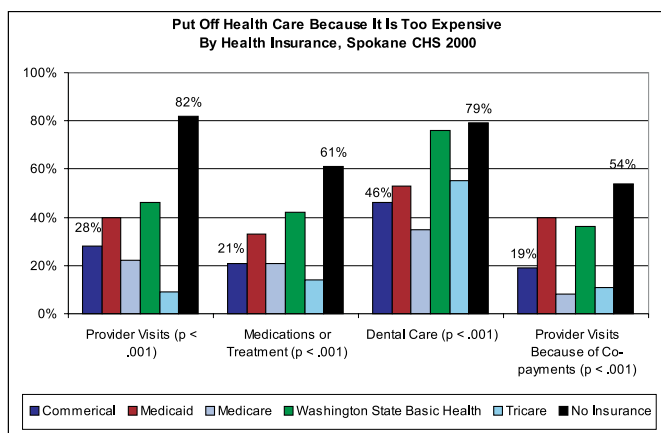


Figure 1.48: Put Off Health Care Because Too Expensive by Insurance

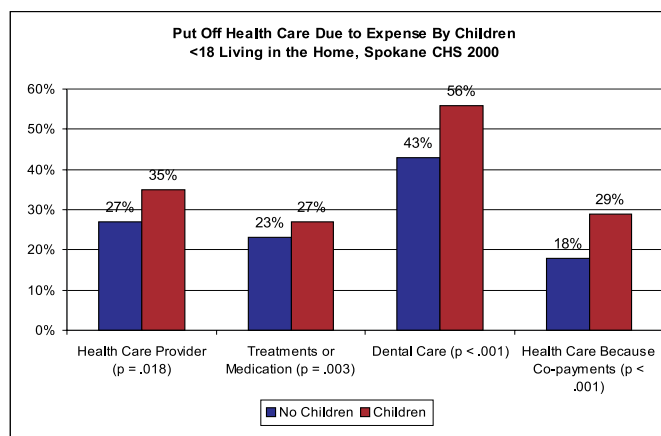


Figure 1.49: Put Off Health Care Because Too Expensive by Children Under 18 Living in the Home

Survey Question 38: *How much of a problem have these been for you in the last year?*

	Frequency		
	Yes, a big problem	A small problem	Not a problem
a. Limited access to certain doctors because of your insurance plan	11.0%	20.6%	68.3%
b. Delays in your care because the provider needed approval from your health insurance plan	7.8%	18.8%	73.4%
c. Lack of educational programs to help you prevent, understand or manage your medical problems	2.9%	11.6%	85.5%
d. Lack of reminders about when to go for care or when to get preventive care	4.4%	14.4%	81.2%
e. Limited access to certain doctors because of your insurance or lack of insurance	12.1%	18.4%	69.4%
f. Lack of coordination or poor communication between doctors who treat you	4.8%	14.9%	80.3%
g. Lack of services tailored specifically to meet your needs	5.1%	13.6%	81.3%

More than one in four respondents reported that limited access to certain doctors due to their health insurance plan (32%) and delays in care because their provider needed approval from the insurance plan (27%) were problems. The younger adults ($p < .001$) and those living in higher levels of poverty ($p < .001$) were significantly more likely to report problems with their health care than older adults. Refer to Figure 1.50.

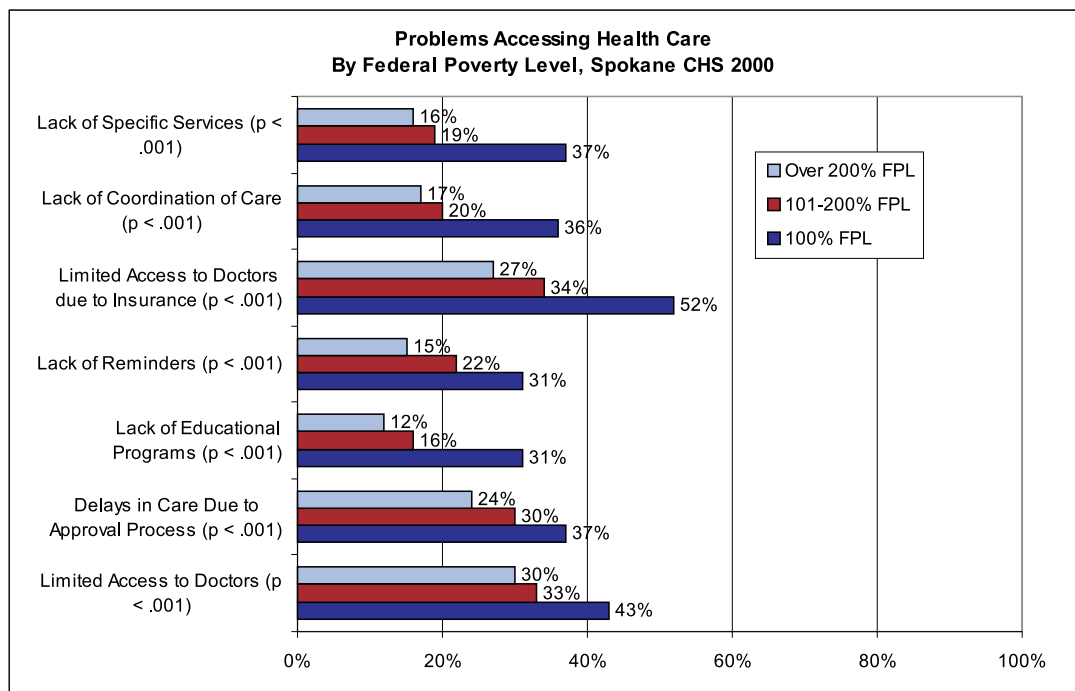


Figure 1.50: Problems Accessing Health Care by Poverty

Difficulty accessing certain doctors was particularly a problem for respondents in poverty and those with Medicaid, Washington State Basic Health Plan or no health insurance ($p < .001$). Refer to Figure 1.51.

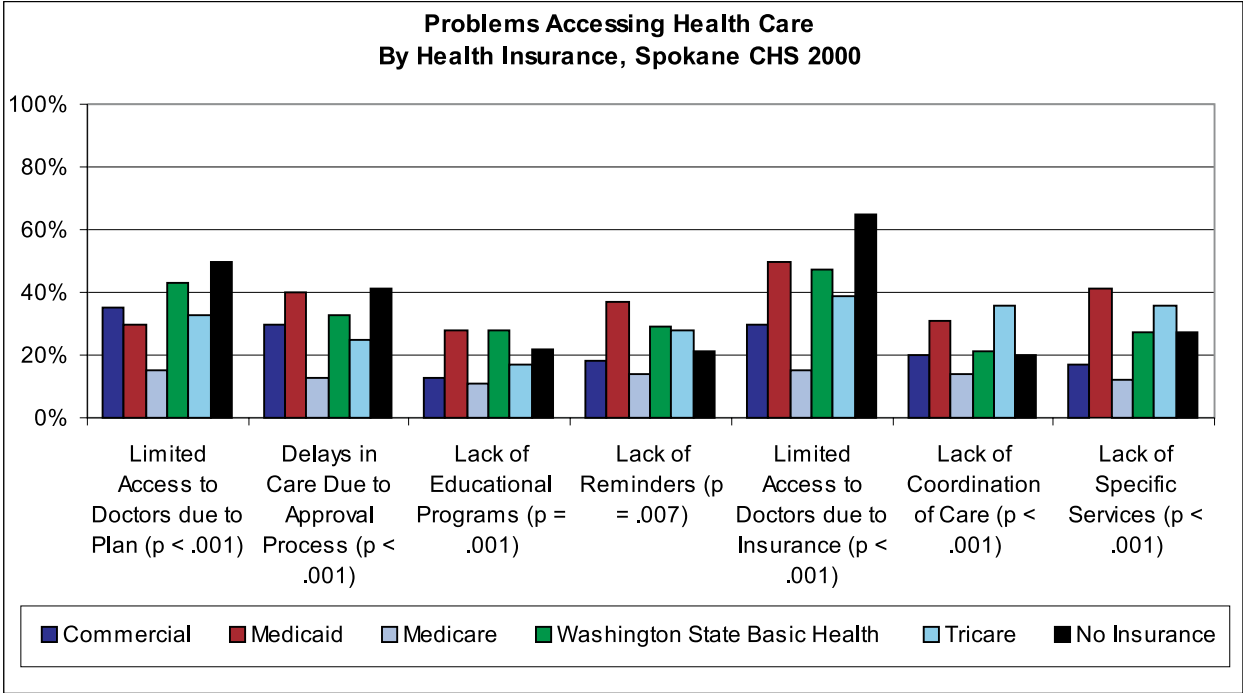


Figure 1.51: Problems Accessing Health Care by Health Insurance

Medical Care Due to Injury

Survey Question 40: *In the past 12 months, has a member of your household received medical care because of an unintentional injury (for example, a burn, fall, car crash)?*

Survey Question 41: *In the past 12 months, has a member of your household received medical care because of an injury caused by violent behavior (for example, robbery, fighting)?*

	Frequency
Yes	85.6%
No	14.4%

Survey Question 42: *In the past 12 months, has a member of your household received medical care because of an injury caused by violent behavior of a household member?*

	Frequency
Yes	1.1%
No	98.9%

Most respondents reported that a member of their household had received medical care for an injury within the past twelve months of taking the survey. However, 1% of respondents reported that a member of their household had

	<i>Frequency</i>
Yes	.2%
No	99.8%

received care due to violent behavior, and less than 1% reported that care was received for an injury caused by a violent behavior of a household member.

Travel Distance for Health Care

Survey Question 39: *How long do you usually travel to get to the place where you receive medical care? Mean = 8.96 miles (CI 95% = 7.17, 10.74)*

Respondents have to travel an average 8.96 miles to receive health care. There are no statistical differences among respondents in different categories of poverty level, educational level, age groups, or insurance status.

Survey Question 43: *What type(s) of health insurance do you have? Please circle all that apply.*

Many respondents reported having more than one type of insurance. Mostly this was due to the fact that respondents with Medicaid, Medicare, Washington State Basic Health, and Indian Health Services were also enrolled in a

	<i>Frequency</i>
a. Traditional Fee For Service: (such as Blue Cross; MSC; etc.)	38.9%
b. HMO or Managed Care Plan: (MSCPPO; MSCCare; Group Health; etc.)	33.9%
c. Medicare	21.8%
d. Medicaid, including Healthy Options	4.1%
e. Washington State Basic Health Plan	5.9%
g. Indian Health Service	.4%
h. TRICARE (military insurance plan)	3.2%
i. Other (please write in)	12.1%
j. Do not have health insurance of any kind	6.9%

traditional fee for service or a managed care plan; therefore, respondents reported both the source of their plan and the type of plan they use. Respondents with Medicare often reported a traditional fee for service (47%) and HMO (20%), in addition to Medicare.

Survey Question 44: *Do you have the following types of coverage? If YES, please rate how satisfied you are with each type of coverage.*

	Frequency							
	Yes	No	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't use
Medical services	98.5%	1.5%	27.6%	52.4%	13.6%	3.7%	1.0%	1.7%
Prescription medicines	85.3%	14.7%	26.8%	41.6%	13.2%	10.8%	4.7%	2.9%
Dental services	65.9%	34.1%	22.2%	38.6%	12.9%	11.5%	6.4%	8.4%
Vision services	69.6%	30.4%	19.6%	40.5%	14.6%	10.1%	5.3%	9.9%
Mental health services	70.3%	29.7%	5.6%	11.9%	9.3%	2.2%	1.1%	69.9%
Drug and alcohol detoxification services	59.4%	40.6%	2.1%	5.8%	5.0%	.4%		86.7%
Chiropractic care	56.2%	43.8%	7.0%	13.1%	8.7%	2.8%	2.7%	65.7%
Overall Satisfaction			18.5%	55.4%	16.3%	6.2%	1.8%	1.8%

Most respondents reported medical services, prescription medications, dental services, vision services, mental health services, drug and alcohol detoxification services, and chiropractic care coverage. See Figure 1.52.

Older respondents were more likely to report satisfaction with medical services ($p = .003$) and vision services by insurance coverage ($p < .001$) but less likely to report satisfaction with prescription medications ($p < .001$) and dental coverage ($p < .001$). See Figure 1.53.

Insurance types were significantly associated with different aspects of health care coverage. Respondents with Medicaid (85%) and Tricare (86%) were most likely to report satisfaction with prescription medications coverage than those with Medicare (64%), Washington State Basic Health Plan (65%), or commercial insurance (69%) ($p < .001$). Respondents with Medicaid (71%) and commercial coverage (66%) were most likely to report satisfaction with dental coverage, while less than half of respondents covered by Medicare, Washington State Basic Health, and Tricare reported satisfaction with dental services ($p < .001$). See Figure 1.54.

Almost three-fourths of respondents reported being very satisfied or satisfied with their overall health care coverage. Respondents with Medicare, Tricare, and Medicaid reported the highest levels of satisfaction ($p = .008$). See Figure 1.54.

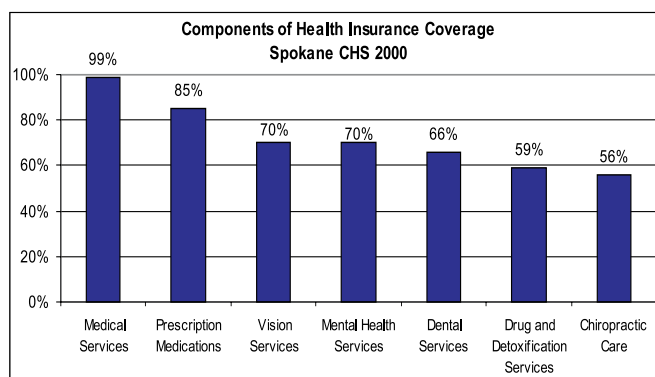


Figure 1.52: Components of Health Insurance Coverage

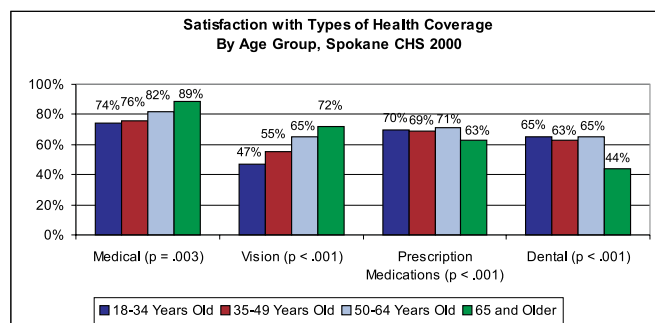


Figure 1.53: Satisfaction with Types of Health Coverage by Age

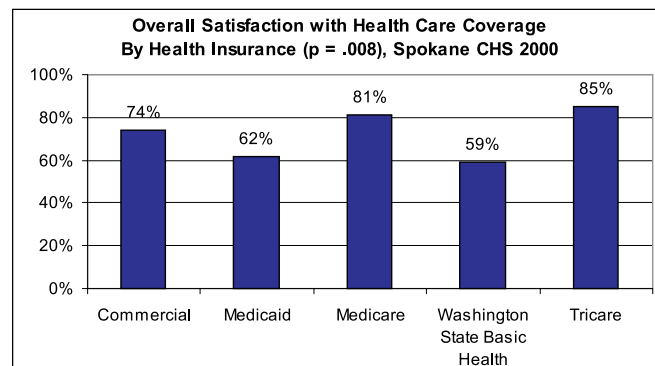


Figure 1.54: Satisfaction with Health Care Coverage by Insurance

Survey Question 45: *With your insurance coverage are you required to:*

	Frequency	
	Yes	No
a. Select a certain doctor or clinic for all your routine care?	60.9%	39.1%
b. Obtain permission from a primary care doctor before you can get other services?	65.9%	34.1%
c. Pay a deductible amount each year?	52.1%	47.9%
d. Make a co-payment for each health care visit?	70.6%	29.4%
e. Use only doctors from the health plan's list?	63.3%	36.7%
f. Use any doctor you want, but pay more if you go to a doctor not on the plan's list?	43.3%	56.7%

Almost all respondents with health insurance were required to use particular doctors, make co-payments when doctor visits were made, and get referrals to receive other health services. Refer to Figure 1.55.

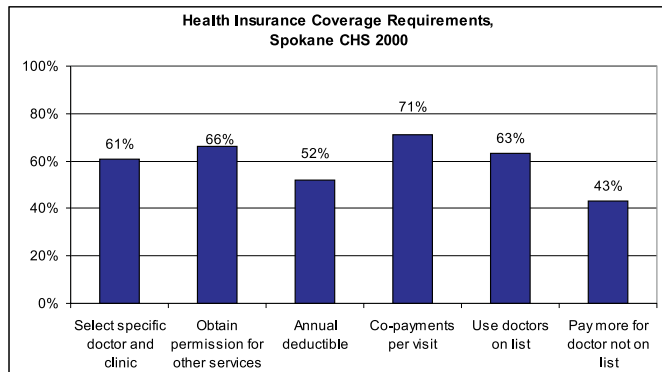


Figure 1.55: Health Insurance Coverage Requirements

The requirements or limitations of coverage were specific to types of health insurance. Refer to Figure 1.56.

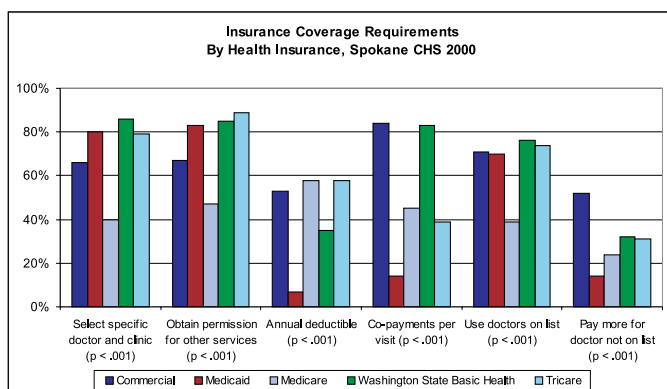


Figure 1.56: Insurance Coverage Requirements by Health Insurance

Survey Question 46: *Over the past 3 years, how many total months have you been without some type of health insurance?*

	<i>Frequency</i>
<i>None (had continuous coverage during the past 3 years)</i>	79.9%
<i>One month without coverage</i>	1.0%
<i>2 to 6 months without coverage</i>	6.3%
<i>7 to 12 months without coverage</i>	3.3%
<i>13 months or longer without coverage</i>	9.5%

Respondents were asked how many months they had been without health insurance over the past three years. Eighty percent of respondents had continual coverage throughout the last three years. Respondents in greater poverty were least likely to have continuous coverage over the past three years from completing the survey. Refer to Figure 1.57.

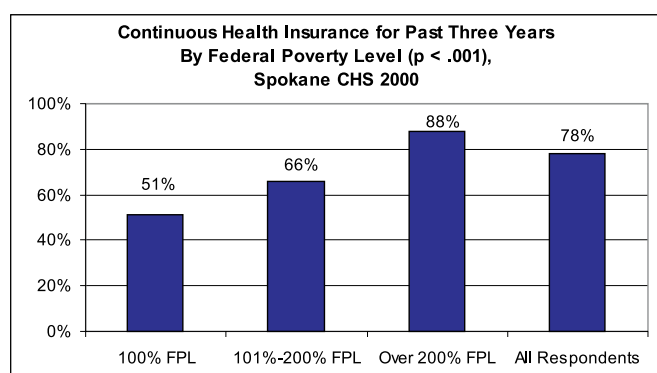


Figure 1.57: Continuous Health Insurance by Poverty

Children's Health Conditions

Survey Question 47: *How many children under the age of 18 live in the home with you? (If none, please mark 0 and skip to question 49.)*

Of the people with at least one child, the mean number of children is 1.96. 67% of respondents have no children under the age of 18 living in the home with them.

Survey Question 48: *Please write the number of children (0-17 years old) in your home who have the following:*

	<i>Frequency of Respondents Who Report that Any Child Has the Characteristic</i>
a. Asthma	17.8%
b. Up-to-date immunizations	94.0%
c. Mental health problems or mental illness other than depression	5.2%

One-third of respondents had children living with them under the age of 18 (n=460). Respondents with children living in the home were more likely to report higher levels of education, commercial health insurance coverage, and excellent health status. Almost one in five or 18% of respondents with children under the age of 18 living in the household reported at least one of their children had asthma. Overall, respondents reported that their children living in the household were immunized. Five percent of respondents with children in the home reported that at least one of their children had a mental health problem other than depression.

Benefits of Public Health Services

Respondents were asked to pick the five most important functions that Spokane Regional Health District could do or provide to benefit the respondents' neighborhood or community. These results need to be used with caution. These results are not a test of the most important public health functions. Rather, these results are a reflection of respondents' perception of public health and their own needs. The results of this question may assist programs in understanding the public's awareness of public health functions and the public's perception and opinion of priority functions. This may be used to develop campaigns to build awareness of public health functions.

Survey Question 49: *Fill in the circle next to the three most important things public health can do or provide to benefit your neighborhood or community:*

	Frequency
<i>Communicable disease prevention and education</i>	47%
<i>Food safety inspection and education</i>	36%
<i>General health information and resources</i>	31%
<i>Youth health education</i>	29%
<i>Maternal and child health</i>	28%
<i>Nutrition services and education</i>	28%
<i>Children with special health care needs prevention, intervention and services</i>	24%
<i>Chronic disease education</i>	21%
<i>Assistance for families with substance misuse problems</i>	20%
<i>Epidemiology</i>	19%
<i>Safe and healthy living environments education</i>	19%
<i>Childcare education and consultation</i>	17%
<i>Laboratory services</i>	16%
<i>Vital records</i>	16%
<i>School environment inspection</i>	15%
<i>Health screening</i>	15%
<i>Tobacco prevention and control</i>	12%
<i>Drug alcohol assessment, case management, and referral</i>	11%
<i>Children in foster care support services</i>	11%
<i>Oral health access and education</i>	9%
<i>Public health policy development</i>	9%
<i>Monitor population based health status</i>	6%
<i>Pool and beaches safety, inspection, and education</i>	5%
<i>Solid waste permitting, inspection, and education</i>	5%
<i>Human resources</i>	5%
<i>Onsite sewage inspection and education</i>	4%
<i>Minimize barriers to access substance misuse services</i>	4%
<i>Intentional and unintentional injury prevention</i>	4%
<i>Methadone maintenance outpatient treatment</i>	1%

Utilization of Community Services

Survey Question 50: *Please indicate if you or anyone in your household needed any of these services in the past year, even if you did not receive them:*

	Frequency		
	Yes	No	Don't Know
a. Alcohol/drug abuse services (such as counseling or treatment)	6.2%	92.5%	1.3%
b. Services for the disabled or their families	7.0%	92.1%	.9%
c. Children and youth services for emotional or delinquent behavior	4.3%	94.6%	1.0%
d. Day care services for children (such as information and referral or assistance with payments for day care)	6.3%	92.6%	1.1%
e. Mental health services	10.4%	88.3%	1.3%
f. Work-related or employment services (such as help with finding work or job training)	11.8%	86.9%	1.3%
g. Domestic violence or abuse, or victim assistance services	1.3%	99.1%	.9%
h. Food, meal, and nutrition services	7.2%	91.5%	1.3%
i. Financial assistance or welfare (such as TANF, Social Security Disability-SSI, unemployment)	15.4%	83.4%	1.2%
j. Information and referral services	13.1%	85.2%	1.7%
k. Housing services (such as rental or mortgage assistance or temporary shelters)	5.2%	93.2%	1.6%
l. Senior citizens services	6.7%	92.0%	1.2%
m. Public legal services	6.5%	92.5%	.9%
n. Public health services, including pregnancy services, environmental health protection, health educations, clinic	8.1%	90.6%	1.3%
o. Literacy training, GED, or English as a second language courses	2.0%	96.9%	1.1%
p. Home health care/hospice/homemaker services	4.9%	93.9%	1.2%
q. Financial or credit counseling	9.2%	89.6%	1.2%

Few respondents reported that anyone in their household used community services. The most common services used were financial assistance or welfare services (15%), information or referral services (13%), work-related employment services (12%), and mental health services (10%). Respondents with higher levels of poverty were more likely to have had someone in their household use community services.

Perception of Community Problems

Survey Question 51: *How much of a problem are these issues in the particular neighborhood or community where you currently live?*

	<i>Not a Problem</i>	<i>Small Problem</i>	<i>Somewhat of a Problem</i>	<i>Serious Problem</i>	<i>Very Serious Problem</i>
a. Access to dental services	75.6%	8.9%	10.3%	3.5%	1.7%
b. Access to physical health care services	77.8%	9.5%	9.6%	2.4%	.7%
c. Access to mental health services	74.7%	11.4%	9.5%	2.9%	1.6%
d. Access to pharmacy services	82.6%	7.6%	7.3%	2.1%	.5%
e. Access to public health services	72.2%	12.9%	12.6%	1.9%	.5%
f. Affordable Housing	51.8%	19.0%	19.3%	7.6%	2.3%
g. Air pollution	41.8%	24.7%	22.7%	7.6%	3.1%
h. Alcohol abuse	57.7%	16.3%	16.8%	6.7%	2.5%
i. Child care: affordability	47.7%	18.6%	21.6%	9.2%	2.9%
j. Child care: quality	52.0%	17.7%	20.6%	7.7%	1.9%
k. Crime (such as theft, robbery)	27.0%	31.1%	25.8%	11.5%	4.6%
l. Domestic violence/child abuse (physical/sexual/verbal)	53.2%	18.4%	18.1%	7.0%	3.3%
m. Drinking water	70.8%	16.6%	8.9%	2.6%	1.0%
n. Exposure to second hand cigarette smoke	57.0%	23.9%	12.4%	4.5%	2.2%
o. Head lice	58.0%	23.5%	12.8%	3.2%	2.6%
p. Homelessness	61.9%	17.7%	13.3%	4.8%	2.3%
q. Illegal drug use	43.6%	22.1%	16.9%	11.1%	6.4%
r. Lack of recreational and cultural activities	56.1%	20.6%	14.9%	5.0%	3.4%
s. Neighborhood safety (such as no lighted streets)	51.6%	26.7%	15.4%	3.7%	2.6%
t. Poor or inconvenient public transportation	51.6%	21.8%	15.9%	6.1%	4.6%
u. Poor quality public schools	71.1%	17.3%	7.7%	1.8%	2.1%
v. Poverty	48.4%	23.9%	16.6%	7.4%	3.6%
w. Racism	54.3%	22.7%	15.3%	5.3%	2.3%
x. Teen pregnancy	45.5%	25.3%	20.0%	6.2%	3.0%
y. Safe and healthy living environments (i.e. asbestos, lead exposure, mold, radon, etc.)	58.4%	26.7%	11.1%	2.8%	1.0%
z. Sexual Assault (stranger/acquaintance assault, not husband or wife assault, see 49 l.)	62.0%	21.1%	12.4%	3.0%	1.5%
aa. Underemployment	48.7%	23.6%	17.6%	6.8%	3.3%
bb. Unemployment	48.8%	25.9%	17.3%	5.0%	3.0%
cc. Work-related injuries or chemical exposures	64.1%	24.8%	8.6%	1.6%	.9%
dd. Youth violence (such as from gangs)	50.6%	25.4%	15.3%	6.4%	2.4%
ee. Overall quality of life	62.8%	22.8%	11.6%	2.0%	.8%

Overall, respondents did not report that there were significant community or neighborhood problems. Almost three-quarters of respondents did feel that crime was a problem in their neighborhood or community.

People who lived at or below 100% of the federal poverty level were more likely than those above 200% of the federal poverty level to perceive a lower sense of social well being, quality of life, social conscience, and sense of community. Low educational attainment and younger adults were also significantly associated with an increased perception of community problems.

Social Capital and Civic Engagement

Survey Question 52: *Please indicate how strongly you agree or disagree with the following statements:*

	Frequency				
	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
a. <i>If there is a problem in my community, the people who live here work together to get it solved.</i>	9.6%	39.8%	36.3%	11.8%	2.5%
b. <i>People in my community where I live are only out for themselves.</i>	3.5%	11.4%	28.5%	52.4%	4.2%
c. <i>I am afraid when I am out alone after dark in my community.</i>	6.8%	19.7%	16.1%	45.4%	11.9%
d. <i>I can do anything I really set my mind to.</i>	28.5%	54.0%	12.0%	4.6%	.9%
e. <i>In my community, a small group of people have all the power.</i>	5.4%	14.6%	35.8%	38.5%	5.8%
f. <i>I feel like an outsider in my community.</i>	2.3%	10.0%	16.0%	60.8%	10.9%
g. <i>There is nothing I can do to solve problems in my community when they happen.</i>	2.3%	7.7%	24.1%	54.1%	11.9%

Respondents reported a degree of social capital within their communities, as measured by whether community members agreed they could make change in their community. Poverty level is significantly associated with whether people feel empowered in their communities. Refer to Figure 1.58.

Social Capital Statements Respondents Who Strongly Agree or Agree Spokane CHS 2000			
	Less than or 100% of Federal Poverty Level Percent	Over 100% of Federal Poverty Level Percent	P-Value
There is nothing I can do to solve problems in my community when they happen.	21.8%	8.1%	< .001
In my community, a small group of people has all the power.	24.6%	19.6%	.003
People in my community where I live are only out for themselves.	25.0%	13.9%	< .001
I feel like an outsider in my community.	25.6%	10.8%	< .001
I am afraid when I am out alone after dark in my community.	40.0%	24.6%	< .001
If there is a problem in my community, the people who live here work together to get it solved.	40.3%	50.5%	< .001
I can do anything I really set my mind to.	66.4%	85.5%	< .001

Figure 1.58: Social Capital Statements

Survey Question 53: Rate the following:

	Frequency				
	<i>Strongly Agree</i>	<i>Agree</i>	<i>Unsure</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
a. <i>Within the Spokane community, there are big differences in the amount of money people have.</i>	44.6%	46.7%	6.2%	2.2%	.1%
b. <i>In general, I can financially meet my basic needs.</i>	23.9%	61.5%	4.7%	7.7%	2.2%
c. <i>In general, I believe that my neighbors can financially meet their basic needs.</i>	15.4%	57.9%	19.9%	5.9%	.9%
d. <i>I believe there are comparable job opportunities for me in the Spokane area.</i>	7.3%	36.9%	27.5%	21.8%	6.6%
e. <i>I believe there are better job opportunities for me in the Spokane area.</i>	3.5%	18.9%	38.0%	29.6%	10.0%
f. <i>My housing needs are adequately met.</i>	27.8%	61.6%	4.4%	5.1%	1.1%
d. <i>I am better off financially than I was two years ago.</i>	16.8%	37.9%	14.4%	24.2%	6.7%
e. <i>I expect to be better off financially two years from now.</i>	20.3%	37.4%	27.6%	11.6%	3.2%

Respondents were asked about their perceptions of their ability to financially meet their basic needs; differences in the money people have; and employment opportunities. In general, respondents strongly agreed or agreed that their housing needs were met (89%), they could financially meet basic needs (85%), and their neighbors could meet their basic needs (73%). To a lesser degree, respondents strongly agreed or agreed that there are comparable job opportunities (44%) and better job opportunities (22%) in Spokane. In addition, there was a common sentiment that there are big differences in the amount of money people have in the Spokane community.

There were significant differences between people who live below 100% of the federal poverty level and those above. People in poverty report more often that they cannot financially meet their basic needs, that their neighbors cannot meet their basic needs, tend to not feel there are comparable job opportunities for them in Spokane, and are less likely to report adequate housing. Refer to Figure 1.59.

Meeting Basic Needs Financially Respondents who Strongly Agree or Agree Spokane CHS 2000			
	Less than or 100% of Federal Poverty Level Percent	Over 100% of Federal Poverty Level Percent	P-Value
I believe there are better job opportunities for me in the Spokane area.	20.0%	22.3%	.086
I am better off financially than I was two years ago.	28.4%	58.8%	< .001
I believe there are comparable job opportunities for me in the Spokane area.	30.3%	46.3%	.001
I expect to be better off financially two years from now.	40.8%	61.7%	< .001
In general, I believe that my neighbors can financially meet their basic needs.	43.9%	76.4%	< .001
In general, I can financially meet my basic needs.	54.6%	88.9%	< .001
My housing needs are adequately met.	64.8%	93.0%	< .001
Within the Spokane community, there are big differences in the amount of money people have.	91.9%	91.4%	.201

Figure 1.59: Meeting Basic Needs Financially

Survey Question 73: *In the last twelve months, have you:*

	Frequency
a. Voted in an election	73.9%
b. Written or called a local, state, or federal government official about an issue in your community	20.7%
c. Attended a meeting of a school board, city council or other official government body	13.9%
d. Volunteered for any community organization	33.9%

Respondents often reported voting in an election (74%) but were less likely to have volunteered for any community organization (33%), written or called an official about a community issue (20%), or attended a school board, city council or other official government body meeting (14%) within the past 12 months of taking the survey.

Discrimination

Survey Question 62: *How often are you treated badly because of your age, sex, or other personal factors?*

	Frequency
<i>Always</i>	0.2%
<i>Almost always</i>	0.2%
<i>Very often</i>	2.1%
<i>Somewhat often</i>	8.3%
<i>Almost never</i>	44.2%
<i>Never</i>	45.0%

Although the majority of respondents do not feel that they are treated badly because of a personal characteristic, respondents living in higher levels of poverty ($p < .001$), younger ($p < .001$), nonwhite ($p = .009$), and female ($p = .017$) are more likely to report discrimination. Refer to Figures 1.60 and 1.61.

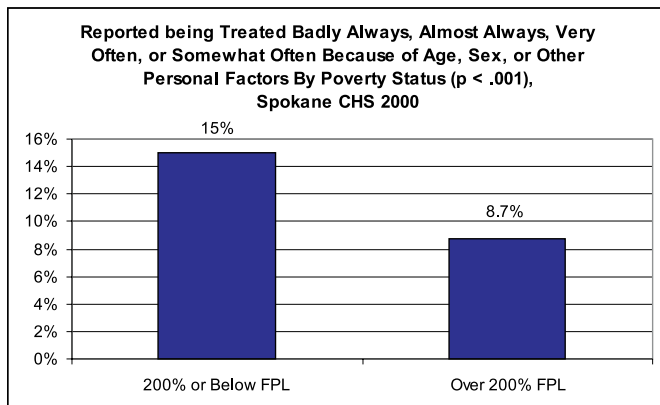


Figure 1.60: Reported being Treated Badly by Poverty

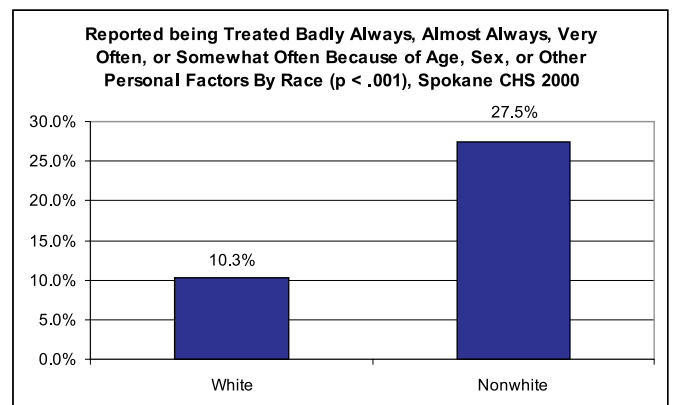


Figure 1.61: Reported being Treated Badly by Race

Support and Spirituality

Survey Question 54: *How many close friends or relatives would help you with your emotional problems or feelings if you needed it? (Please write in a number) _____ friends or relatives*

The majority of respondents reported having at least one close friend or relative to help them with emotional problems or feelings if needed (96%). The mean was 9.19 (CI 95% = 8.58, 9.79). The range in the number of friends respondents reported was 0 to 99. There was no statistical difference in the number of friends by poverty status.

Survey Question 55: *How strong are your religious or spiritual beliefs?*

Frequency				
Very strong	Somewhat strong	Not very strong	Not at all strong	Don't know
40.2%	33.5%	15.4%	8.9%	1.9%

Almost three-fourths of respondents (74%) reported that their spiritual beliefs are very strong or strong. A very small percentage (2% or 26 respondents) did not know. Respondents at or below 200% of the federal poverty level were most likely to report strong spiritual beliefs ($p = .004$). There was no significant difference in the reported strength of spirituality and age ($p = .380$) or educational attainment ($p = .179$). Refer to Figure 1.62.

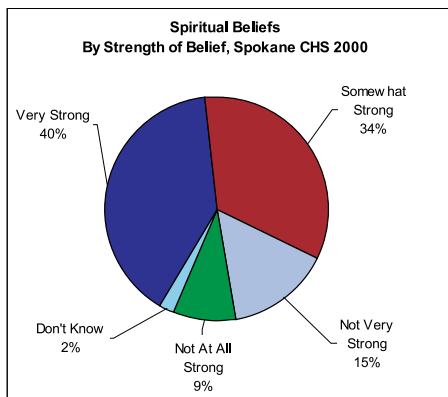


Figure 1.62: Spiritual Beliefs by Strength

Survey Question 56: *When you have a medical problem, how often do you pray for healing?*

Frequency					
Often	Occasionally	Sometimes	Not often	Never	Don't know
36.4%	14.6%	16.8%	14.5%	15.7%	2.0%

Respondents reported that they prayed for healing when they were sick. Respondents who live at or below 100% of the federal poverty level ($p = .051$) and are older ($p = .009$) are most likely to pray for healing when they are sick. Refer to Figure 1.63.

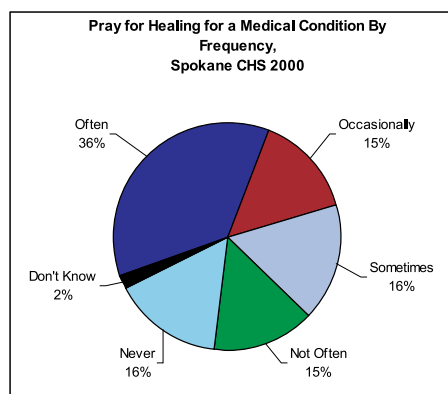


Figure 1.63: Pray for Healing by Frequency

Conclusion

There is no simple way to judge whether the health status of Spokane County is good. There are too many variables that determine the health of a community. The Spokane County Community Health Survey 2000 has attempted to measure the broad and complex components of health. What has been presented here has been the first step in analyzing the findings. Summing up the results in a few concise sentences is impossible.

There are aspects and determinants of health that are specific and measurable. By the results presented here, it is known that poverty, age, health insurance status, and educational attainment are key indicators of population health. For Spokane County, race and ethnicity differences seem to play a lesser role, but most likely due to the fact that Spokane is a relatively poorer community with few minorities. Poverty and race seem less associated in Spokane County than in other counties throughout the United States.

Many of the independent variables presented here are interrelated. For example, persons with less education are more likely to live in higher levels of poverty. Older persons tend to have health insurance. Those on government assisted health insurance plans such as Medicaid also live at higher levels of poverty. The interaction between these independent variables makes it hard to understand which variable is mostly responsible for the association. This should be teased out with further study. But the reader should also note that this is a cultural phenomenon where those with less education tend to make less money, those in older generations tend to have less education, and those with less money tend to be on government assisted health insurance plans or be uninsured and completely teasing out the variables will be near impossible.

Overall, the limitations to this study are great. Two different sampling methodologies have been combined to make one sample. The respondents who received the survey through the mail without prior telephone contact tended to be over age 65, as they were probably the most interested in responding to a health survey. Finally, there may be demographic differences in people who answer their phone and give out personal information and those who do not.

Keeping these important limitations in mind but realizing this is a large sample to draw from, the Spokane County Community Health Survey 2000 does lead to some significant findings. Leaders of this community can use such data to design and implement strategies to improve Spokane's public health.

Poverty is significantly associated with all the broad categories of health that were measured with this survey: health status, physical health, mental health, health screening utilization, health habits, access to health care, satisfaction with health care, social capital, ability to access life necessities, perception of community integration, and spirituality. Respondents living in higher levels of poverty were less satisfied with their health care provider, sought care in a community clinic or emergency room, were less satisfied with the results of their health care, and trusted their health care provider less. Of all of the independent variables that were tested for association with a particular health outcome within this study, *poverty is key*.

Age is also related to many aspects of health. Older persons tend to rate their health more poorly and identify more health conditions. However, older respondents were more likely to receive health care from a doctor, have a regular health care provider, and be more satisfied with their health care. Older respondents tended not to use tobacco products, were less stressed, and were also more likely to be spiritual.

Health insurance, as one may assume, was significantly associated with utilization and satisfaction with health care. In addition, having a regular health care provider was also associated with health insurance. Overall satisfaction with health coverage was associated with health insurance. This is a particularly significant finding, as this should influence decisions made about providing care to those with different types of health insurance. If a person is less satisfied with their health care, they may not access preventive care and may be more likely to access care at a costly stage of a condition or disease.

It is important to note the few differences between white and nonwhite respondents. Nonwhite respondents were more likely to report that they felt downhearted and blue. However, there were no differences in other mental health indicators between white and nonwhite respondents. Nonwhite respondents as a whole are more likely to receive

health care from a community health clinic than white respondents. Nonwhite respondents were also more likely to report discrimination.

This report is very comprehensive and is meant to be an overview of the Spokane County Community Health Survey 2000 results. The purpose of this report is to provide the summary of the findings and also to identify, based on these descriptive statistics, what to study further. These results have policy implications that will assist in improving the public's health. However, the limitations need to be considered when using the data to plan for the community.

PART II: COMMUNITY HEALTH SURVEY 1995 AND 2000 COMPARISON

Introduction

Public health has taken on the role of assessment, policy development, and assurance to promote health and prevent disease. This includes monitoring health outcomes and measuring the improvement in health outcomes. The Spokane community should expect to see a change in population health based on the collaborative and comprehensive efforts many have participated in to improve health.

Public health nationwide, in Washington State, and in Spokane County has changed since 1994 to emphasize and develop the three core functions of public health. In 1995 the Spokane Regional Health District (SRHD) assessed the county's health and used these findings in policy development. In 2000, SRHD surveyed Spokane again to assure that health was improving.

The choice of outcomes for assessment should reflect community health priorities (Turnock and Handler, 1995). The study described here focuses on the outcomes of assessment and policy development led by the Spokane Regional Health District while factoring in three key social determinants of health: poverty, educational attainment, and age.

Poverty affects health care in a variety of ways. It limits access to health care and health screening utilization (Deschamps, 1998; Gardner, 1998; Kruse, 1998; Stronks et al., 1998; Omenn, 1998; and Kacapyr, 1998). This limitation occurs more often in populations living in poverty because poverty greatly affects the ability to obtain health insurance.

Poverty is not only an economic problem of access but also a social issue. Health may be lower on the priority list of persons living in poverty due to the other more pressing issues such as food, shelter, a decent environment, work, income, freedom, and insecurity (Deschamps, 1998). In addition, persons living in poverty are least likely to get preventive care that promotes health and often prevents illness.

Poverty status is also a determinant for the way people view their own health and behaviors. Deschamps (1998) finds that the way people perceive their health is different between those in poverty and those not in poverty. The poor see health as an absence of illness. People with higher incomes may have illnesses, but they may classify themselves as healthier more often because of the resources available to manage and/or cure their illness effectively. Health behaviors are another issue that differs among people in poverty and out of poverty. People in poverty tend to have more risky behaviors that affect health in a negative way. These behaviors are thought to be a response to their living conditions or environment. (Deschamps, 1998)

Educational attainment is a significant factor in indicators of health. Educational attainment is also one component of poverty. Those with less education tend to live at lower income levels. Ross and Wu (1998) identify three factors that may explain the positive association between educational attainment and health: 1) work and economic conditions, 2) social-psychological resources, and 3) lifestyle. These factors in a variety of ways affect self-reported health status, access to health care, health screening utilization, and health behaviors. (Ross and Wu, 1996)

Age is a factor in self-perception of health status, access to health care, health screening utilization, and health behaviors. The affects of age on health are intuitive. As a person ages they often develop disease of many different types that affect their health. This influences health status. Perceptions of access to health care and health screening utilization also differ with age because aging adults have access to health care more than younger adults.

The hypothesis of this comparison study is that there was an improvement in health outcomes among Spokane County adult residents between 1995 and 2000, specifically related to health status, access to health care, health behaviors, and health screening utilization. Part II presents the findings of changes in population health in Spokane County between 1995 and 2000.

Data Collection Methods

The sampling methodology in 1995 and 2000 was designed to get the best representation of the study population, Spokane County adults. The methodology had two steps. The first step for both the 1995 and 2000 survey entailed telephoning potential respondents to solicit participation in the survey. After the respondent agreed to take the survey, the survey was mailed to the residence. This sampling method influenced the inclusion and exclusion criteria. Because there were no translation services available and the samples were derived from telephone numbers and mailing addresses, respondents had a telephone, mailing address, spoke English and read American English. In addition, the sampling frame was adult residents. If a business was inadvertently called, the business representative was not asked to take the survey. Specific data collection methodologies for both the 1995 and 2000 surveys are defined below.

1995 Spokane County Community Health Survey

The 1995 Spokane County Community Health Survey was developed and implemented by Felix, Burdine, and Associates. The Spokane Regional Health District and local hospitals funded the survey development, data collection, and analyses. Abacus Custom Research conducted the telephone screening, collection of survey data, and basic analysis. The survey was fielded in the early summer of 1995.

Survey development was a comprehensive community process led by Felix, Burdine, and Associates. Over three hundred community members participated to strategize about the health priorities of Spokane through community meetings and key informant interviews. The community emphasized that although medicine and medical care come to mind when discussing health issues, there are several factors which impact health that are not medical in nature. These broad status indicators deal with poverty, housing, education, the environment, and overall quality of life. Although Felix and Burdine had a standard community assessment instrument, they modified it based on this feedback.

Once the survey instrument was developed, Spokane County households were sampled via telephone using a random digit dialing method. Individuals were randomly selected based on which adult at least 18 years old had the most recent birthday. To assure 30% of the sample was under 200% of the Federal Poverty Level, a series of screening questions were asked regarding income and family size. Individuals who met the criteria were asked if they would be willing to take the survey. Respondents who agreed were then mailed a survey.

The 2,500 respondents who agreed to take the survey were sent a \$2 bill, included in their survey packet, as a thank you to follow through on their commitment. Seventy percent of the respondents returned the completed survey.

The surveys were returned to Abacus Custom Research (ACR) in Pennsylvania, who entered the survey responses into SPSS, a statistical analysis database software. ACR ran descriptive statistics such as frequencies and cross tabulations of health issues and demographics and sent the completed surveys, data reports of their statistical findings, variable and created-index definitions, and the database to SRHD.

2000 Spokane County Community Health Survey

The intent of the 2000 Spokane County Community Health Survey was to replicate the 1995 survey to measure change in the population. The process to modify the survey instrument was modeled after Felix, Burdine, and Associate's work; however, there were not as many participants in the survey development process as in 1995. Over 50 community professionals were interviewed about significant health issues in Spokane County. Once again, health was not narrowly defined as the absence of disease but as the total quality of life. A community meeting was called where approximately 50 professionals attended, some of whom were involved in the 1995 survey development. There were also three small group meetings at which feedback was solicited and the modifications to the 1995 survey that came out of the key informant interviews and the community meeting were finalized.

Overall, the methodology was similar but had to be altered due to funding limitations. SRHD was the sole contributor of funds, supplies, and expertise. Forty-eight percent of the sample was selected through random digit dial. The telephone screening was modeled after the 1995 process and Robinson Research was contracted to obtain the random sample, make the telephone calls, screen potential participants, and verify addresses for mailing. The screening

occurred in early fall of 2000. The screening form had been modified to reflect updated income amounts for 200% of the federal poverty level in 2000. This sample was also a random stratified sample. The person who answered the telephone was asked the same screening questions as in 1995. The caller first asked to speak with the person with the most recent birthday who was at least 18 years of age. The second set of questions screened potential respondents to assure a representative sample of people with low income. If respondents met the criteria, they were asked if they would be willing to complete the survey instrument. A survey was mailed to those who agreed.

The 2000 screening process ran into some unforeseen problems including the inability to get people to even answer the phone. This issue, coupled with severe funding restrictions prohibited Robinson Research from meeting the sample requirement of 2,500. Of the Spokane County residents contacted by Robinson Research, 1,203 residents met the screening requirements and agreed to complete the survey. Hence, SRHD had to find another way to sample the remaining 1,297 residents.

SRHD bought a random sample of residential addresses from the local phone company, Qwest (formerly US West), therefore limiting the sample to those who were Qwest customers and whose phone numbers and/or addresses were listed. Given the funding restraints and that a significant majority of people in Spokane County were served by Qwest, SRHD considered this an appropriate supplementary sampling method.

In Spokane County, 2,500 people received the 2000 Community Health Survey. People in the sample also received a \$2 bill in their survey packet as a thank you. The random digit dial response rate was 64% and the Qwest sample response rate was 47% giving an overall response rate of 55%.

The Spokane County Community Health Survey 2000 instrument was developed on Teleform Software which allows completed surveys to be scanned, cleaned and entered into a database. If the survey was not filled out properly or if there was some discrepancy in the response, e.g. someone selected two responses rather than one, then Teleform Software prompts the staff-user to clean the data pertaining to that question. The data were then entered and stored in one SPSS database.

The 2000 survey had a higher proportion of respondents over 65 years old and a smaller proportion of people 18-34 years old than the 1995 survey. Because there was a statistically significant difference in age between Spokane and the samples in age and sex, interpretation of the study results must be used with caution. (See Figure 2.1)

Comparison of Spokane County Demographics 2000 and Spokane County Community Health Survey (CHS) 1995 and 2000			
	Spokane County 2000	Spokane CHS 1995	Spokane CHS 2000
Mean age for adult population	44 years old ¹	47 years old	51 years old
Percentage of age groups			
18 - 34 years old	34% ²	26%	17%
35 - 49 years old	23% ²	35%	32%
50 - 64 years old	14% ²	21%	26%
65 years and older	13% ²	18%	24%
Percentages of households at or below 200% of the Federal Poverty Level	33% ³	31%	30%
White Population	94% ²	96%	97%
Education Attainment			
No High School	8.9% ⁴	6.3%	5.8%
High School	27.3% ⁴	26.6%	23.9%
Some College	63.8% ⁴	67.1	69.4%
Insurance Status (no insurance)	8.6% ⁴	9.5%	6.4%
Sex (Females)	51.2% ⁴	64.4%	56.4%
¹ Map Info Target Pro Demographic Analyzer, 2001. ² Center for Health Statistics, WA State DOH; 2000. ³ Department of Social and Health Services, Office of Research and Data Analysis, 1999. ⁴ Washington State Office of Financial Management. Washington State Population Survey 2000; 2001.			

Figure 2.1 Comparison of 2000 Spokane County and 1995 and 2000 Survey Demographics

The data has two significant limitations produced by the limited funding in 2000: 1) the 2000 sample was not collected with the same methodology as the 1995 sample, and 2) the two sub-samples within the 2000 sample may have led to sampling biases.

The 1995 sample incorporated two levels of randomization (random digit dial telephone contact and then random selection of the person in the household) and then screened all participants to assure adequate representation of low-income people. Half of the 2000 sample was not completely randomized based on the Spokane County population who met the inclusion criteria, as in the 1995 sample. First, only a random sample of one local telephone company was selected to supplement the 2000 sample. Second, the random sample of local telephone company customers were not screened and, therefore, not stratified based on poverty level.

The second issue of data quality for the 2000 sample was the two different sampling methodologies within one sample. The prescreened sample was selected based on two levels of randomization outlined above. However, the sample from the local telephone company customers was not prescreened, therefore, the respondents were demographically different. The local telephone company sample was older and had more health problems. This created a sampling bias because the people who were interested in filling out the survey seemed to be more concerned with health issues than people in the prescreened 1995 and 2000 samples.

These issues of compromised data quality are serious limitations of this study. To increase validity of this study, age, income, educational attainment, sex and insurance status will be controlled to describe how these factors affected the

findings. In addition, each independent variable for both years separately was controlled based on the differences in the sample: age, sex, and poverty.

Analysis Methods

The dependent variables used a measure of health status, access to health care, health screening utilization, and health behaviors. These indicators were chosen based on criteria to measure health status, access to health care, health behaviors, and health screening utilization. The indicators analyzed were measured in both the 1995 and 2000 survey. Some indicators that measured the targeted aspects of health were not chosen because they were not measured or were not measured the same in both the 1995 and 2000 survey.

The objective of this comparison study is to measure the change in health between 1995 and 2000. Therefore the primary independent variables of the study were the 1995 and 2000 survey. Poverty, educational attainment, health insurance status, and age were taken into consideration because chi-square analysis of both surveys demonstrated a significant affect of these variables on measures of health. (See Appendix A.)

The 1995 and 2000 samples have statistically significant differences in age and sex. In addition, the 1995 sample and a portion of the 2000 sample were stratified by poverty through the sampling methodology. Therefore, to evaluate the differences in health outcomes between 1995 and 2000, the standardized residuals for each health indicator were calculated. These standardized residuals controlled the differences in age, sex, and poverty between samples among all indicators. The purpose of using residuals was to take out the sample variation in age, poverty, and sex that may have falsely contributed to change in health status, access to health care, health behaviors, and health screening utilization.

The changes in health status, access to health care, health behaviors, and health screening utilization between 1995 and 2000 were measured by using the standardized residuals based on the multi-linear regression with each indicator as the dependent variable and age, sex, and poverty as the independent variables. Standardized residuals for 1995 and 2000 were calculated separately.

While there are real differences between the 1995 and 2000 samples, poverty, educational attainment, health insurance, and age were significant contributing factors to indicators of health status, access to health care, health behaviors, and health screening utilization. These differences were found in separate, qualitative analysis of the 1995 and 2000 datasets. The significance was measured by chi-square analysis and, where appropriate, linear regression.

Even after controlling for the variations between the samples, the contributing factors of poverty, educational attainment, health insurance, and age needed to be taken out of the equation. Therefore, step-wise multi-linear regression was used. First, the model controlled for the influence of poverty, education, age, and health insurance. After the influence of these variables was controlled, change between 1995 and 2000 was tested.

Results

Health Status

There were no changes in the health status indicators measured. Each health status standardized residual was controlled for age, poverty, and health insurance, as those indicators contribute to changes in the different measures of health status. Once age, poverty, and health insurance were controlled, the regression demonstrated no change from 1995 to 2000 in health status.

Change in Health Status Indicators Between 1995 and 2000			
	Covariates	Change in R ²	P-Value
Rate health	Age, Education, Poverty, Health insurance	.000	.525
Health limits moderate activities	Age, Education, Poverty, Health insurance	.000	.828
Health limits climbing stairs	Age, Education, Poverty, Health insurance	.000	.743
Physical health, accomplished less	Age, Education, Poverty, Health insurance	.000	.745
Physical health, limited in work	Age, Education, Poverty, Health insurance	.000	.906
Mental health, accomplished less	Age, Education, Poverty, Health insurance	.000	.976
Felt calm or peaceful	Age, Education, Poverty, Health insurance	.000	.635
Have a lot of energy	Age, Education, Poverty, Health insurance	.000	.811
Felt downhearted or blue	Age, Education, Poverty, Health insurance	.000	.837
Health compared to one year ago	Age, Education, Poverty, Health insurance	.000	.779

Figure 2.2 Change in Health Status Indicators Between 1995 and 2000

Indicators of access to health care measured no change between 1995 and 2000. Age, poverty, and health insurance are significant contributing factors to perception of health and utilization and satisfaction of access to health care. For this reason, age, poverty, and health insurance status were controlled in this model.

Change in Access to Health Care Indicators Between 1995 and 2000			
	Covariates	Change in R ²	P-Value
Regular health care provider	Age, Education, Poverty, Health insurance	.000	.974
Satisfied with quality health care	Age, Education, Poverty, Health insurance	.000	.864
Satisfied with results of health care	Age, Education, Poverty, Health insurance	.000	.949
Limited access to docs due to Insurance	Age, Education, Poverty, Health insurance	.000	.881
Lack of coordination and communication between docs	Age, Education, Poverty, Health insurance	.000	.823
Lack of services tailored to you	Age, Education, Poverty, Health insurance	.000	.902
Overall satisfaction of health care coverage	Age, Education, Poverty, Health insurance	.000	.917
Hours doctor office is open	Age, Education, Poverty, Health insurance	.000	.627
Length of time wait between scheduled appointment and day of appointment	Age, Education, Poverty, Health insurance	.000	.748
Length of time waiting in doctor office	Age, Education, Poverty, Health insurance	.000	.807
Ability to speak to provider by phone with health question	Age, Education, Poverty, Health insurance	.000	.583
Access to specialty care	Age, Education, Poverty, Health insurance	.000	.607
Access to hospital care	Age, Education, Poverty, Health insurance	.000	.514
Making medical appointment by telephone	Age, Education, Poverty, Health insurance	.000	.639
Access to medical care whenever needed	Age, Education, Poverty, Health insurance	.000	.940
Services available to get needed prescriptions	Age, Education, Poverty, Health insurance	.000	.859

Figure 2.3 Change in Access to Health Care Indicators Between 1995 and 2000

Education, poverty, and age are significant contributing factors of health behaviors and were controlled to measure change in health behaviors from 1995 to 2000. Smoking habits, seat belt usage, and alcohol drinks in a week demonstrated no change between 1995 and 2000. However, body mass index (BMI) did show a significant change between 1995 and 2000. BMI was calculated based on self-reported height and weight. The mean BMI in 1995, not controlling for any variables, was 26.1093, (95% confidence intervals are 25.8418, 26.2769). The mean BMI in 2000, not controlling for any variables, was 27.0908 (95% confidence intervals are 26.7701, 27.4116).

Change in Health Behavior Indicators Between 1995 and 2000			
	Covariates	Change in R ²	P-Value
Smoking habits	Age, Education, Poverty	.000	.688
Frequency of seat belt usage	Age, Education, Poverty	.000	.765
Number of alcohol drinks in a week	Age, Education, Poverty	.000	.954
BMI (Body Mass Index)	Age, Education, Poverty	.005	.001; CI 95% (-.211, -.055)

Figure 2.4 Change in Behavior Indicators Between 1995 and 2000

Date Note: Health insurance is not controlled for in this model because poverty, education, and age are more indicative of health behaviors than health insurance. Health insurance may not influence health behaviors.

Like all of the other indicators, except BMI, the indicators of health screening utilization showed no difference between 1995 and 2000 after controlling for education, poverty, insurance status, and age.

Change in Health Screening Utilization Indicators Between 1995 and 2000			
	Covariates	Change in R ²	P-Value
Dental exam	Age, Education, Poverty, Health insurance	.000	.684
Cholesterol	Age, Education, Poverty, Health insurance	.000	.453
Blood pressure	Age, Education, Poverty, Health insurance	.000	.948
Colorectal cancer	Age, Education, Poverty, Health insurance	.000	.495
Skin cancer	Age, Education, Poverty, Health insurance	.000	.782
(Women Only) Breast exam by health provider	Age, Education, Poverty, Health insurance	.000	.623
(Women Only) Mammogram	Age, Education, Poverty, Health insurance	.000	.395
(Women Only) Pap Smear	Age, Education, Poverty, Health insurance	.000	.971
(Men Only) Prostate cancer screening	Age, Education, Poverty, Health insurance	.000	.848

Figure 2.5 Change in Health Screening Utilization Indicators Between 1995 and 2000

Discussion

The purpose of this research was to measure change in health indicators in Spokane County between 1995 and 2000. Clearly, there were no changes in health status, access to health care, most health behaviors, and health screening utilization while taking out the differences in sample and the affects of poverty, education, health insurance, and age. However, all was not lost in evaluating change between 1995 and 2000. Some information gained included lessons learned and reinforcement of the purpose and need of assessment and assurance.

Assessment and assurance are needed in public health, as public health's primary goal is health promotion and disease prevention. The results of the 1995 Spokane County Community Heath Survey showed that poverty, educational attainment, health insurance, and age are significant contributing factors of health (See Appendix A). The differences,

except for age, are structural components of American life. The 1995 results alone point to the need that public health in Spokane County should devote efforts in mitigating the effects of poverty, educational attainment, and health insurance on health.

Despite the efforts to promote health and improve access to health care, there were no measurable difference between 1995 and 2000. In addition, the 2000 Spokane County Community Health Survey showed similar contributing factors to health as the 1995 survey (See Appendix A). There may be a number of reasons for these results. First, there may not have been enough time between 1995 and 2000 to measure the change in population health. Changing a population's behavior and health status takes time. Perhaps, in the future, change will be measured based on the public health efforts from 1995 to 2000.

Another possible reason for the lack of measurable change between 1995 and 2000 is that a cross-sectional population based survey may not be the correct study design to measure change in population. The efforts targeted to increase access to health care were aimed toward people in poverty, with lower educational attainment, and with no health insurance. Therefore, perhaps the people that meet these criteria should have been targeted to measure change. Another possibility would be to follow a cohort of people who live in Spokane County and survey them every five years to measure change.

The last possibility that will be discussed is that perhaps there is no population change in the indicators measured. Health status, access to health care, and health behaviors are specific to respondents' own perceptions about their experiences and beliefs. Therefore, it is possible the factors are really changing but the perceptions of the respondents are not. Other than Body Mass Index (BMI), there were no declines or improvements in the indicators measured. With the data collected, there was no way to measure *real* changes, especially in five years.

Finally, the results of this study may be measuring what is truly occurring among Spokane County adult residents: There has been no change in population health status, access to health care, health behaviors, or health screening utilization. Another likely interpretation of these results is that there was, in fact, no change in population health status, access to health care, health behaviors, and health screening utilization, other than BMI. The fact that there may not have been change is feasible given the precautions employed to minimize the limitations in the differences in the samples and sample methodologies.

Considering all of the components of change in population health outcome, the significant change in body mass index (BMI) from 1995 to 2000 becomes more important. Even after residualizing, or taking out the differences in the samples, and controlling for factors known to influence health, BMI increased significantly. This finding is congruent with the findings of national studies that have reported the increasing trend of BMI.

In this study the hypothesis of improvement in health outcomes had to be rejected. There was no improvement in health as defined by health status, access to health care, health behaviors, or health screening utilization at the population level. However, there was an increase in body mass index pointing to a significant public health need.

If body mass index has increased from 1995 to 2000, the hypothesis of this paper is still rejected. Public health efforts were hypothesized to have a positive effect on population health. Persons who are overweight, obese, or have a high body mass index are at increased risk for a whole host of illnesses and diseases, such as heart disease, diabetes, and others. Public health officials should develop more extensive efforts to decrease body mass index in Spokane County.

This study has attempted to use the funding, opportunities, and resources available to public health in Spokane County and conduct two of three core functions of public health. However, the findings are inconclusive, except for the increase in body mass index. There was no measurable change in indicators of health status, access to health care, most health behaviors, and health screening utilization.

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Appendix A

Table 1 represents the results of cross tabulations of health status variables and poverty. Poverty here is measured as less than 100% of the federal poverty level, 100%-200% of the federal poverty level, and greater than 200% of the federal poverty. The purpose of this table is to show that poverty is a covariate of health status indicators. For the fixed answer possibilities of health status indicators see Appendix B.

Table 1 Health Status Indicators and Poverty						
	2000 Survey			1995 Survey		
	Chi-Square	P-Value	Degrees of Freedom	Chi-Square	P-Value	Degrees of Freedom
In general would you say your health is:	125.217	< .001	2	42.034	< .001	2
Does your health now limit you in these activities: Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	76.441	< .001	8	9.436	.051	8
Does your health now limit you in these activities: Climbing several flights of stairs	95.325	< .001	4	13.091	.011	4
During the past 4 weeks, have you had any of the following problems with your work or other daily activities as a result of your physical health? Accomplished less than you would like.	68.600	< .001	4	3.251	.197	4
During the past 4 weeks, have you had any of the following problems with your work or other daily activities as a result of your physical health? Were limited in the kind of work or other activities.	90.313	< .001	2	2.970	.227	2
During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems? Accomplish less than you would like.	53.065	< .001	2	19.041	< .001	2
Have you felt calm and peaceful?	48.504	< .001	10	11.662	.308	10
Did you have a lot of energy?	88.650	< .001	10	20.485	.025	10
Have you felt downhearted or blue?	67.732	< .001	10	8.318	.598	10
Compared to one year ago, how would you rate your health in general now?	38.686	< .001	8	15.355	.053	8

Table 1: Health Status Indicators and Poverty

Table 2 represents the results of cross tabulations of health status variables and educational attainment. Education attainment here is measured as less than high school, high school, and some college. The purpose of this table is to show that educational attainment is a covariate of health status indicators. For the fixed answer possibilities of health status indicators see Appendix B.

Table 2 Health Status Indicators and Educational Attainment						
	2000 Survey			1995 Survey		
	Chi-Square	P-Value	Degrees of Freedom	Chi-Square	P-Value	Degrees of Freedom
In general would you say your health is:	66.172	< .001	2	97.573	< .001	2
Does your health now limit you in these activities: Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	54.846	< .001	8	60.567	< .001	8
Does your health now limit you in these activities: Climbing several flights of stairs	72.158	< .001	4	71.313	< .001	4
During the past 4 weeks, have you had any of the following problems with your work or other daily activities as a result of your physical health? Accomplished less than you would like.	24.553	< .001	4	23.628	< .001	4
During the past 4 weeks, have you had any of the following problems with your work or other daily activities as a result of your physical health? Were limited in the kind of work or other activities.	29.531	< .001	2	26.420	< .001	2
During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems? Accomplish less than you would like.	11.492	.003	2	14.262	< .001	2
Have you felt calm and peaceful?	13.277	.209	10	26.090	.004	10
Did you have a lot of energy?	25.297	.005	10	17.785	.059	10
Have you felt downhearted or blue?	22.121	.014	10	17.816	.058	10
Compared to one year ago, how would you rate your health in general now?	22.813	.004	8	5.545	.698	8

Table 2: Health Status Indicators and Educational Attainment

Table 3 represents the results of cross tabulations of health status variables and health insurance. Health insurance here is measured as private HMOs or FFS, Medicaid, Medicare, Washington State Basic Health Plan, Tricare, Other, or no insurance. The purpose of this table is to show that health insurance is a covariate of health status indicators. For the fixed answer possibilities of health status indicators see Appendix B.

Table 3 Health Status Indicators and Health Insurance						
	2000 Survey			1995 Survey		
	Chi-Square	P-Value	Degrees of Freedom	Chi-Square	P-Value	Degrees of Freedom
In general would you say your health is:	159.440	< .001	24	126.123	< .001	24
Does your health now limit you in these activities: Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	192.988	< .001	12	162.960	< .001	12
Does your health now limit you in these activities: Climbing several flights of stairs	184.488	< .001	6	132.007	< .001	6
During the past 4 weeks, have you had any of the following problems with your work or other daily activities as a result of your physical health? Accomplished less than you would like.	104.895	< .001	6	92.089	< .001	6
During the past 4 weeks, have you had any of the following problems with your work or other daily activities as a result of your physical health? Were limited in the kind of work or other activities.	129.811	< .001	6	120.656	< .001	6
During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems? Accomplish less than you would like.	45.776	< .001	6	41.583	< .001	6
Have you felt calm and peaceful?	68.230	< .001	30	56.073	.003	30
Did you have a lot of energy?	80.940	< .001	30	37.704	.157	30
Have you felt downhearted or blue?	79.736	< .001	30	55.736	.003	30
Compared to one year ago, how would you rate your health in general now?	63.397	< .001	24	27.071	.301	24

Table 3: Health Status Indicators and Health Insurance

Table 4 represents the results of cross tabulations of health status variables and age. The purpose of this table is to show that age is a covariate of health status indicators. For the fixed answer possibilities of health status indicators see Appendix B.

Table 4 Health Status Indicators and Age				
	2000 Survey		1995 Survey	
	R-Squared	P-Value	R-Squared	P-Value
In general would you say your health is:	.054	< .001	.064	< .001
Does your health now limit you in these activities: Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	.111	< .001	.117	< .001
Does your health now limit you in these activities: Climbing several flights of stairs	.096	< .001	.100	< .001
During the past 4 weeks, have you had any of the following problems with your work or other daily activities as a result of your physical health? Accomplished less than you would like.	.056	< .001	.075	< .001
During the past 4 weeks, have you had any of the following problems with your work or other daily activities as a result of your physical health? Were limited in the kind of work or other activities.	.082	< .001	.101	< .001
During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems? Accomplish less than you would like.	.000	.908	.000	.392
Have you felt calm and peaceful?	.034	< .001	.022	< .001
Did you have a lot of energy?	.006	.004	.010	.291
Have you felt downhearted or blue?	.013	< .001	.012	< .001
Compared to one year ago, how would you rate your health in general now?	.007	.002	.000	.648

Table 4: Health Status Indicators and Age

Table 5 represents the results of cross tabulations of access to health care variables and poverty. Poverty here is measured as less than 100% of the federal poverty level, 100%-200% of the federal poverty level, and greater than 200% of the federal poverty. The purpose of this table is to show that poverty is a covariate of access to health care indicators. For the fixed answer possibilities of access to health care indicators see Appendix B.

Table 5 Access to Health Care Indicators and Poverty						
	2000 Survey			1995 Survey		
	Chi-Square	P-Value	Degrees of Freedom	Chi-Square	P-Value	Degrees of Freedom
Is there a doctor, nurse, or physician assistant that you consider to be your regular health care provider?	3.949	.139	2	3.008	.222	2
Satisfaction with quality of your health care	17.225	.028	8	23.497	.024	8
Satisfaction with results of your health care	13.983	.082	8	22.618	.031	8
Limited access to certain doctors because of insurance plan	53.524	< .001	4	15.741	.003	4
Lack of coordination or poor communication between doctors who treat you	27.150	< .001	4	4.152	.386	4
Lack of services tailored specifically to meet your needs	34.048	< .001	4	40.933	.088	4
Overall satisfaction with health care coverage	24.943	.005	10	28.748	.011	10
Hours when their office/clinic is open	15.632	.048	4	13.365	.498	4
Length of time you wait between making an appointment and the day of your visit	7.329	.502	4	3.918	.864	4
Length of time you wait in the office or clinic to see your provider	10.922	.206	4	5.262	.729	4
Ability to speak to your provider or your place of care by phone when you have a question or need advice	9.326	.316	4	7.535	.480	4
Access to the care of a specialist if you need it	14.535	.069	4	15.386	.052	4
Access to hospital care if you need it	21.576	.006	4	13.837	.086	4
Arrangements for making appointments for medical care by phone	18.673	.017	4	5.144	.742	4
Access to medical care whenever you need it	32.826	< .001	4	16.024	.190	4
Services available for getting prescriptions filled	12.751	.121	4	10.613	.716	4

Table 5: Access to Health Care Indicators and Poverty

Table 6 represents the results of cross tabulations of access to health care variables and educational attainment. Education attainment here is measured as less than high school, high school, and some college. The purpose of this table is to show that educational attainment is a covariate of access to health care indicators. For the fixed answer possibilities of access to health care indicators see Appendix B.

Table 6 Access to Health Care Indicators and Educational Attainment						
	2000 Survey			1995 Survey		
	Chi-Square	P-Value	Degrees of Freedom	Chi-Square	P-Value	Degrees of Freedom
Is there a doctor, nurse, or physician assistant that you consider to be your regular health care provider?	.874	.646	2	1.365	.505	2
Satisfaction with quality of your health care	11.851	.158	8	23.098	.027	8
Satisfaction with results of your health care	10.147	.255	8	30.760	.002	8
Limited access to certain doctors because of insurance plan	12.041	.017	4	10.289	.036	4
Lack of coordination or poor communication between doctors who treat you	12.649	.013	4	17.104	.002	4
Lack of services tailored specifically to meet your needs	6.083	.193	4	32.240	.356	4
Overall satisfaction with health care coverage	9.987	.442	10	9.361	.807	10
Hours when their office/clinic is open	21.976	.005	4	14.117	.590	4
Length of time you wait between making an appointment and the day of your visit	13.180	.106	4	13.679	.091	4
Length of time you wait in the office or clinic to see your provider	4.526	.807	4	3.135	.926	4
Ability to speak to your provider or your place of care by phone when you have a question or need advice	10.128	.256	4	9.543	.299	4
Access to the care of a specialist if you need it	12.146	.145	4	11.339	.183	4
Access to hospital care if you need it	16.636	.034	4	22.341	.004	4
Arrangements for making appointments for medical care by phone	13.331	.101	4	16.351	.038	4
Access to medical care whenever you need it	15.075	.058	4	9.607	.650	4
Services available for getting prescriptions filled	13.890	.085	4	8.762	.846	4

Table 6: Access to Health Care Indicators and Educational Attainment

Table 7 represents the results of cross tabulations of access to health care variables and health insurance. Health insurance here is measured as private HMOs or FFS, Medicaid, Medicare, Washington State Basic Health Plan, Tricare, Other, or no insurance. The purpose of this table is to show that health insurance is a covariate of access to health care indicators. For the fixed answer possibilities of access to health care indicators see Appendix B.

Table 7 Access to Health Care Indicators and Health Insurance						
	2000 Survey			1995 Survey		
	Chi-Square	P-Value	Degrees of Freedom	Chi-Square	P-Value	Degrees of Freedom
Is there a doctor, nurse, or physician assistant that you consider to be your regular health care provider?	146.417	< .001	6	41.383	< .001	6
Satisfaction with quality of your health care	100.331	< .001	24	145.208	< .001	24
Satisfaction with results of your health care	73.702	< .001	24	161.252	< .001	24
Limited access to certain doctors because of insurance plan	110.132	< .001	12	174.804	< .001	12
Lack of coordination or poor communication between doctors who treat you	44.075	< .001	12	56.452	< .001	12
Lack of services tailored specifically to meet your needs	74.212	< .001	12	89.850	.485	12
Overall satisfaction with health care coverage	52.000	.008	30	307.528	< .001	30
Hours when their office/clinic is open	37.316	.041	12	64.487	.056	12
Length of time you wait between making an appointment and the day of your visit	34.148	.082	12	48.997	.002	12
Length of time you wait in the office or clinic to see your provider	38.145	.034	12	70.727	< .001	12
Ability to speak to your provider or your place of care by phone when you have a question or need advice	21.243	.624	12	96.242	< .001	12
Access to the care of a specialist if you need it	42.391	.012	12	151.752	< .001	12
Access to hospital care if you need it	40.114	.021	12	107.389	< .001	12
Arrangements for making appointments for medical care by phone	33.746	.089	12	127.840	< .001	12
Access to medical care whenever you need it	51.141	.001	12	39.382	.321	12
Services available for getting prescriptions filled	28.304	.247	12	49.515	.198	12

Table 7: Access to Health Care Indicators and Health Insurance

Table 8 represents the results of cross tabulations of access to health care variables and age. The purpose of this table is to show that age is a covariate of access to health care indicators. For the fixed answer possibilities of access to health care indicators see Appendix B.

Table 8 Access to Health Care Indicators and Age				
	2000 Survey		1995 Survey	
	R-Squared	P-Value	R-Squared	P-Value
Is there a doctor, nurse, or physician assistant that you consider to be your regular health care provider?	.054	< .001	.017	< .001
Satisfaction with quality of your health care	.016	< .001	.015	< .001
Satisfaction with results of your health care	.013	< .001	.012	< .001
Limited access to certain doctors because of insurance plan	.026	< .001	.038	< .001
Lack of coordination or poor communication between doctors who treat you	.010	< .001	.015	< .001
Lack of services tailored specifically to meet your needs	.011	< .001	.002	.123
Overall satisfaction with health care coverage	.011	.001	.006	.001
Hours when their office/clinic is open	.004	.030	.001	.122
Length of time you wait between making an appointment and the day of your visit	.001	.233	.026	< .001
Length of time you wait in the office or clinic to see your provider	.021	< .001	.062	< .001
Ability to speak to your provider or your place of care by phone when you have a question or need advice	.000	.599	.019	< .001
Access to the care of a specialist if you need it	.003	.096	.022	< .001
Access to hospital care if you need it	.000	.864	.011	< .001
Arrangements for making appointments for medical care by phone	.001	.368	.001	< .001
Access to medical care whenever you need it	.002	.121	.002	.123
Services available for getting prescriptions filled	.000	.839	.001	.290

Table 8: Access to Health Care Indicators and Age

Table 9 represents the results of cross tabulations of health behavior variables and poverty. Poverty here is measured as less than 100% of the federal poverty level, 100%-200% of the federal poverty level, and greater than 200% of the federal poverty. The purpose of this table is to show that poverty is a covariate of health behavior indicators. For the fixed answer possibilities of health behavior indicators see Appendix B.

Table 9 Health Behavior Indicators and Poverty						
	2000 Survey			1995 Survey		
	Chi-Square	P-Value	Degrees of Freedom	Chi-Square	P-Value	Degrees of Freedom
What are your cigarette smoking habits?	36.177	< .001	4	23.327	< .001	4
How often do you buckle your safety seat belt?	7.727	.461	8	12.731	.121	8
	R-Squared	Significance		R-Squared	Significance	
How many alcohol drinks do you drink in one week, including weekends?	.001	.189		.005	.092	
Body Mass Index	.002	.114		.002	.122	

Table 9: Health Behavior Indicators and Poverty

Table 10 represents the results of cross tabulations of health behavior variables and educational attainment. Education attainment here is measured as less than high school, high school, and some college. The purpose of this table is to show that educational attainment is a covariate of health behavior indicators. For the fixed answer possibilities of health behavior indicators see Appendix B.

Table 10 Health Behavior Indicators and Educational Attainment						
	2000 Survey			1995 Survey		
	Chi-Square	P-Value	Degrees of Freedom	Chi-Square	P-Value	Degrees of Freedom
What are your cigarette smoking habits?	27.256	< .001	4	51.511	< .001	4
How often do you buckle your safety seat belt?	10.737	.217	8	26.504	.001	8
	R-Squared	Significance		R-Squared	Significance	
How many alcohol drinks do you drink in one week, including weekends?	.000	.596		.000	.672	
Body Mass Index	.000	.678		.001	.266	

Table 10: Health Behavior Indicators and Education

Table 11 represents the results of cross tabulations of health behavior variables and health insurance. Health insurance here is measured as private HMOs or FFS, Medicaid, Medicare, Washington State Basic Health Plan, Tricare, Other, or no insurance. The purpose of this table is to show that health insurance is a covariate of health behavior indicators. For the fixed answer possibilities of health behavior indicators see Appendix B.

Table 11 Health Behavior Indicators and Health Insurance						
	2000 Survey			1995 Survey		
	Chi-Square	P-Value	Degrees of Freedom	Chi-Square	P-Value	Degrees of Freedom
What are your cigarette smoking habits?	71.174	< .001	12	72.490	< .001	12
How often do you buckle your safety seat belt?	35.614	.060	24	68.236	< .001	24
	R-Squared	Significance		R-Squared	Significance	
How many alcohol drinks do you drink in one week, including weekends?	.000	.736		.000	.852	
Body Mass Index	.000	.611		.001	.344	

Table 11: Health Behavior Indicators and Health Insurance

Table 12 represents the results of cross tabulations of health behavior variables and age. The purpose of this table is to show that age is a covariate of health behavior indicators. For the fixed answer possibilities of health behavior indicators see Appendix B.

Table 12 Health Behavior Indicators and Age				
	2000 Survey		1995 Survey	
	R-Squared	P-Value	R-Squared	P-Value
What are your cigarette smoking habits?	.000	.755	.000	.243
How often do you buckle your safety seat belt?	.009	.001	.005	.002
How many alcohol drinks do you drink in one week, including weekends?	.003	.069	.007	.043
Body Mass Index	.000	.677	.006	.003

Table 12: Health Behavior Indicators and Age

Table 13 represents the results of cross tabulations of health screening utilization variables and poverty. Poverty here is measured as less than 100% of the federal poverty level, 100%-200% of the federal poverty level, and greater than 200% of the federal poverty. The purpose of this table is to show that poverty is a covariate of health screening utilization indicators. For the fixed answer possibilities of health screening utilization indicators see Appendix B.

Table 13 Health Screening Utilization Indicators and Poverty						
	2000 Survey			1995 Survey		
	Chi-Square	P-Value	Degrees of Freedom	Chi-Square	P-Value	Degrees of Freedom
Dental exam and/or teeth cleaning	113.876	< .001	8	35.962	< .001	8
Cholesterol screening	44.371	< .001	8	27.152	.001	8
Blood pressure screening	21.161	.007	8	11.243	.188	8
Colorectal cancer screening	34.187	< .001	8	10.317	.244	8
Skin cancer screening	18.094	.021	8	8.635	.374	8
MEN ONLY Prostate screening	50.460	< .001	8	7.769	.456	8
WOMEN ONLY Breast exam by health care provider	12.839	.118	8	14.566	.068	8
WOMEN ONLY Mammogram	23.729	.003	8	18.623	.017	8
WOMEN ONLY Pap smear	11.505	.175	8	11.894	.156	8

Table 13: Health Screening Utilization Indicators and Poverty

Table 14 represents the results of cross tabulations of health screening utilization variables and educational attainment. Education attainment here is measured as less than high school, high school, and some college. The purpose of this table is to show that educational attainment is a covariate of health screening utilization indicators. For the fixed answer possibilities of health screening utilization indicators see page 12.

Table 14 Health Screening Utilization Indicators and Educational Attainment						
	2000 Survey			1995 Survey		
	Chi-Square	P-Value	Degrees of Freedom	Chi-Square	P-Value	Degrees of Freedom
Dental exam and/or teeth cleaning	122.074	< .001	8	92.243	< .001	8
Cholesterol screening	7.615	.472	8	14.531	.069	8
Blood pressure screening	9.114	.333	8	4.250	.834	8
Colorectal cancer screening	15.698	.047	8	10.732	.217	8
Skin cancer screening	11.638	.168	8	14.278	.075	8
MEN ONLY Prostate screening	9.764	.282	8	6.655	.574	8
WOMEN ONLY Breast exam by health care provider	16.417	.037	8	22.396	.004	8
WOMEN ONLY Mammogram	13.642	.092	8	17.652	.024	8
WOMEN ONLY Pap smear	17.652	.024	8	16.252	.039	8

Table 14 Health Screening Utilization Indicators and Education

Table 15 represents the results of cross tabulations of health screening utilization variables and health insurance. Health insurance here is measured as private HMOs or FFS, Medicaid, Medicare, Washington State Basic Health Plan, Tricare, Other, or no insurance. The purpose of this table is to show that health insurance is a covariate of health screening utilization indicators. For the fixed answer possibilities of health screening utilization indicators see Appendix B.

Table 15 Health Screening Utilization Indicators and Health Insurance						
	2000 Survey			1995 Survey		
	Chi-Square	P-Value	Degrees of Freedom	Chi-Square	P-Value	Degrees of Freedom
Dental exam and/or teeth cleaning	88.448	< .001	24	185.234	< .001	24
Cholesterol screening	160.187	< .001	24	151.888	< .001	24
Blood pressure screening	85.881	< .001	24	71.478	< .001	24
Colorectal cancer screening	195.039	< .001	24	113.258	< .001	24
Skin cancer screening	84.323	< .001	24	51.840	.001	24
MEN ONLY Prostate screening	94.054	< .001	24	70.127	< .001	24
WOMEN ONLY Beast exam by health care provider	29.158	.214	24	63.635	< .001	24
WOMEN ONLY Mammogram	90.741	< .001	24	106.687	< .001	24
WOMEN ONLY Pap smear	43.178	.009	24	34.884	.070	24

Table 15: Health Screening Utilization Indicators and Health Insurance

Table 16 represents the results of cross tabulations of health screening utilization variables and age. The purpose of this table is to show that age is a covariate of health screening utilization indicators. For the fixed answer possibilities of health screening utilization indicators see Appendix B.

Table 16 Health Screening Utilization Indicators and Age				
	2000 Survey		1995 Survey	
	R-Squared	Significance	R-Squared	Significance
Dental exam and/or teeth cleaning	.005	.008	.001	.171
Cholesterol screening	.186	< .001	.210	< .001
Blood pressure screening	.063	< .001	.116	< .001
Colorectal cancer screening	.264	< .001	.278	< .001
Skin cancer screening	.075	< .001	.126	< .001
MEN ONLY Prostate screening	.265	< .001	.324	< .001
WOMEN ONLY Beast exam by health care provider	.001	.455	.002	.182
WOMEN ONLY Mammogram	.338	< .001	.325	< .001
WOMEN ONLY Pap smear	.026	< .001	.020	< .001

Table 16: Health Screening Utilization Indicators and Age

Appendix B

HEALTH AND DAILY ACTIVITIES

These questions ask about your health now and your current daily activities. Please try to answer every question as accurately as you can.

Shade circles like this: ●

Not like this: ○



1. In general would you say your health is:

Excellent	<input type="radio"/>
Very good	<input type="radio"/>
Good	<input type="radio"/>
Fair	<input type="radio"/>
Poor	<input type="radio"/>

2. The following items are activities you might do during a typical day. Does ***your health now limit you*** in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Climbing several flights of stairs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. During the ***past 4 weeks***, have you had any of the following problems with your work or other daily activities as a result of your physical health?

	Yes	No
a. Accomplished less than you would like.	<input type="radio"/>	<input type="radio"/>
b. Were limited in the kind of work or other activities.	<input type="radio"/>	<input type="radio"/>

4. During the ***past 4 weeks***, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	Yes	No
a. Accomplished less than you would like.	<input type="radio"/>	<input type="radio"/>
b. Were limited in the kind of work or other activities.	<input type="radio"/>	<input type="radio"/>

5. During the ***past 4 weeks***, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all	<input type="radio"/>
A little bit	<input type="radio"/>
Moderately	<input type="radio"/>
Quite a bit	<input type="radio"/>
Extremely	<input type="radio"/>

6. How much of the time during the ***past 4 weeks***:




	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. Have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Did you have a lot of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have you felt downhearted or blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. During the ***past 4 weeks***, how much of the time has your ***physical health or emotional problems*** interfered with your normal social activities (like visiting with friends, relatives, etc.)?

All of the time	<input type="radio"/>
Most of the time	<input type="radio"/>
Some of the time	<input type="radio"/>
A little of the time	<input type="radio"/>
None of the time	<input type="radio"/>

YOUR HEALTH NOW COMPARED TO ONE YEAR AGO

The question in this section asks about your health now compared to one year ago. Please think back to this same time last year and answer the question below. If you can't remember, try to answer the best you can.

Shade circles like this: 
Not like this:  

8. Compared to one year ago, how would you rate your health in general ***now***?

Much better now than one year ago	<input type="radio"/>
Somewhat better now than one year ago	<input type="radio"/>
About the same now as one year ago	<input type="radio"/>
Somewhat worse now than one year ago	<input type="radio"/>
Much worse now than one year ago	<input type="radio"/>

MEDICAL HISTORY

The following questions ask about your medical history.

Shade circles like this: ●

Not like this: ⊗



9. Has your health care provider **EVER** told you that you had any of the following:

	Yes	No
a. Heart attack	<input type="radio"/>	<input type="radio"/>
b. Hypertension (high blood pressure)	<input type="radio"/>	<input type="radio"/>
c. Congestive heart failure (heart failure and enlarged heart)	<input type="radio"/>	<input type="radio"/>
d. High cholesterol	<input type="radio"/>	<input type="radio"/>
e. Angina (chest pain)	<input type="radio"/>	<input type="radio"/>
f. Stroke	<input type="radio"/>	<input type="radio"/>
g. Cancer (malignant cancer of all kinds, including skin cancer)	<input type="radio"/>	<input type="radio"/>
h. Asthma	<input type="radio"/>	<input type="radio"/>
i. Emphysema or chronic bronchitis	<input type="radio"/>	<input type="radio"/>
j. Depression	<input type="radio"/>	<input type="radio"/>
k. Mental health problems or mental illness other than depression	<input type="radio"/>	<input type="radio"/>
l. Arthritis	<input type="radio"/>	<input type="radio"/>
m. Diabetes (high blood sugar) [FOR WOMEN, if you were told you had diabetes only during pregnancy, answer NO.]	<input type="radio"/>	<input type="radio"/>
n. Multiple sclerosis (M.S.)	<input type="radio"/>	<input type="radio"/>
o. Migraines (severe headaches)	<input type="radio"/>	<input type="radio"/>
p. Hepatitis B	<input type="radio"/>	<input type="radio"/>
q. Hepatitis C	<input type="radio"/>	<input type="radio"/>
r. Hepatitis other	<input type="radio"/>	<input type="radio"/>
s. Fibromyalgia	<input type="radio"/>	<input type="radio"/>

10. Do you **NOW** have any of the following conditions?

	Yes	No
a. Trouble seeing with one or both eyes (even when wearing glasses)	<input type="radio"/>	<input type="radio"/>
b. Depression, anxiety or other mental health problems	<input type="radio"/>	<input type="radio"/>
c. Deafness or trouble hearing with one or both ears	<input type="radio"/>	<input type="radio"/>
d. Limited use of an arm or leg (missing, paralyzed, or weakness)	<input type="radio"/>	<input type="radio"/>
e. Toothache(s)	<input type="radio"/>	<input type="radio"/>
f. Migraines or severe headaches	<input type="radio"/>	<input type="radio"/>
g. Sciatica or chronic back problems	<input type="radio"/>	<input type="radio"/>
h. Chronic allergies or sinus problems	<input type="radio"/>	<input type="radio"/>
i. Arthritis of any kind or rheumatism	<input type="radio"/>	<input type="radio"/>
j. Dermatitis or other chronic skin rash	<input type="radio"/>	<input type="radio"/>
k. Asthma	<input type="radio"/>	<input type="radio"/>
l. HIV/AIDS	<input type="radio"/>	<input type="radio"/>

11. In the past 12 months, have you considered suicide as a solution to your problems?




Yes	<input type="radio"/>
No	<input type="radio"/>

12. Have you received all of the immunizations (i.e., tetanus, flu, etc.) that your health care provider has recommended for you?

Yes	<input type="radio"/>
No	<input type="radio"/>
I have not been offered immunizations by my health care provider	<input type="radio"/>
Don't know	<input type="radio"/>

HEALTH HABITS

The following questions ask about certain health habits and characteristics.

Shade circles like this: 
Not like this:  

13. Do you use the following tobacco products?

	Yes	No
a. Cigarettes	<input type="radio"/>	<input type="radio"/>
b. Chewing tobacco/snuff	<input type="radio"/>	<input type="radio"/>
c. Pipe tobacco	<input type="radio"/>	<input type="radio"/>
d. Cigars	<input type="radio"/>	<input type="radio"/>

14. What are your cigarette smoking habits?

Never smoked	<input type="radio"/>
Used to smoke	<input type="radio"/>
Still smoke	<input type="radio"/>

14a. If you still smoke, how many cigarettes a **day** do you smoke?

--	--

15. How often do you buckle your safety seat belt when driving or riding in a car?

Always	<input type="radio"/>
Almost always	<input type="radio"/>
Sometimes	<input type="radio"/>
Rarely	<input type="radio"/>
Never	<input type="radio"/>

16. In an **average week**, how many **days** do you engage in physical activity in at least 10 minute increments for a total of 30 minutes a day?

days

17. How many alcohol drinks do you drink in **one week**, including weekends? (A drink is one bottle or can of beer, 1 glass of wine, 1 mixed drink or 1 shot of liquor.)

drinks

18. How many times in the past month did you **drive** after drinking 2 or more alcoholic drinks in the hour before you drove?

times in the past month

19. What is your height without shoes? feet inches

20. What is your weight? pounds

21. Thinking about the amount of stress in your life, would you say that most days are:

Extremely stressful	<input type="radio"/>
Quite stressful	<input type="radio"/>
A bit stressful	<input type="radio"/>
Not at all stressful	<input type="radio"/>

22. What would you say if a health care provider told you to make lifestyle changes to improve your health?

There is nothing I really want to change.	<input type="radio"/>
I have some changes to make, and I really think I should work on them.	<input type="radio"/>
I want to make changes but I find it too difficult.	<input type="radio"/>
I am really working hard now to change.	<input type="radio"/>
I need help right now to maintain changes I have already made.	<input type="radio"/>

23. Which of the following do you try to do?

	Yes	No	Not applicable
a. Reduce the amount of alcohol you drink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Cut down or quit smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Wear your seat belt more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Change your diet by reducing the amount of food you eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Change your diet by eating healthier foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Exercise more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Learn to relax and reduce your stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. What **three** types of media do you use most often to receive health information? (Choose only three.)

a. Doctor's office	<input type="radio"/>
b. Health clinic	<input type="radio"/>
c. Brochures, pamphlets	<input type="radio"/>
d. Hospital	<input type="radio"/>
e. Public health facility	<input type="radio"/>
f. Emergency room/urgent care	<input type="radio"/>
g. Newspaper	<input type="radio"/>
h. Radio	<input type="radio"/>
i. Television	<input type="radio"/>
j. Hotline	<input type="radio"/>
k. Employer	<input type="radio"/>
l. Children's school or child care	<input type="radio"/>
m. Internet	<input type="radio"/>
n. Other (please write in) _____	<input type="radio"/>

25. When was the last time you had the following?

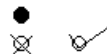
	In the past year	In the past two years	Between 2 and 5 years ago	More than 5 years ago	Never
a. Dental exam and/or teeth cleaning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Cholesterol screening (by drawing blood or pricking your finger)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Blood pressure screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Colorectal cancer screening (testing a sample of your stool using a home-test kit, or an exam performed by a physician in which an instrument was inserted into your rectum)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Diabetes screening (blood sugar test)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Skin cancer screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MEN ONLY					
g. Prostate screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WOMEN ONLY					
h. Breast exam by a health care professional (checking the breast for lumps)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Mammogram (a breast x-ray)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Pap smear (a test for cervical cancer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLACES FOR HEALTH CARE

The following questions are about some of the places you might go for health care.

Shade circles like this: ●

Not like this: ○



26. Where do you usually go when you are sick or want advice about your health? (Choose all that apply.)

a. A doctor's office	<input type="radio"/>
b. Neighborhood or community health center	<input type="radio"/>
c. Health department	<input type="radio"/>
d. Hospital emergency room	<input type="radio"/>
e. Urgent care center	<input type="radio"/>
f. Nurse or clinic at my place of employment	<input type="radio"/>
g. College or university health center	<input type="radio"/>
h. Church or religious organization	<input type="radio"/>
i. Home	<input type="radio"/>
j. Friend, neighbor or relative who is a doctor/nurse	<input type="radio"/>
k. Chiropractor	<input type="radio"/>
l. Mental health counselor	<input type="radio"/>
m. Other (please write in) _____	<input type="radio"/>

27. Have you sought care at any of the following types of health care facilities during the past year?
If YES, write in the number of visits during the past year.

	Yes	No	If yes how many times	Don't know
a. Doctor's office	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
b. Hospital clinic	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
c. Hospital emergency room	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
d. Urgent care center	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
e. Health department clinic	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
f. Neighborhood or community health center	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
g. Rehabilitation center	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
h. Psychiatric hospital	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
i. Veterans Administration (VA) facility	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
j. Community mental health center	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
k. Military hospital	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
l. Other (please write in) _____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>

28. During the past 12 months, what was the reason you went to a hospital emergency room for medical care? (Choose all that apply.)

a. I did not go to the emergency room in the past 12 months.	<input type="radio"/>
b. I did not have a regular place to go for health care.	<input type="radio"/>
c. I did not have health insurance for a doctor's visit.	<input type="radio"/>
d. It took too long to get an appointment at the doctor's office.	<input type="radio"/>
e. My doctor's office was closed.	<input type="radio"/>
f. I was very sick or seriously injured.	<input type="radio"/>
g. Other (please write in) _____	<input type="radio"/>

29. Did you stay in a hospital for one night or more for any reason in the past year?

Yes	<input type="radio"/>
No	<input type="radio"/>

If No, skip to Question 32.

30. Was your hospital stay in the past year for surgery?

Yes	<input type="radio"/>
No	<input type="radio"/>

31. **WOMEN ONLY:** Was your hospital stay in the past year because you had a baby?

Yes	<input type="radio"/>
No	<input type="radio"/>

YOUR HEALTH CARE

The following questions ask about health services you receive, and about your regular health care provider.

Shade circles like this: ●

Not like this: ⊗



32. Is there a doctor, nurse practitioner, or physician assistant that you consider to be your regular health care provider? (If No, skip to question 36)

Yes	<input type="radio"/>
No	<input type="radio"/>

33. Thinking about your regular health care provider, please rate the following:

	Very poor	Poor	Fair	Good	Very good	Excellent	Not applicable
a. Convenience of the location of the provider's office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Hours when their office/clinic is open	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Length of time you wait between making an appointment and the day of your visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Length of time you wait in the office or clinic to see your provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Ability to speak to your provider or your place of care by phone when you have a question or need advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Translation services available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Transportation services to help you keep an appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Child care available on site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Access to the care of a specialist if you need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Access to hospital care if you need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Arrangements for making appointments for medical care by phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Access to medical care whenever you need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Services available for getting prescriptions filled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. Thinking about your regular health care provider, how would you rate the following:

	Very poor	Poor	Fair	Good	Very good	Excellent
a. Their explanation(s) of health problems or treatments that you need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Their attention to what you say	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Thoroughness of their questions about your symptoms and how you are feeling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Their instructions about what symptoms are important to report to a provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Their advice and help in making decisions about your care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Amount of time you have with the provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Advice you get about ways to avoid illness and stay healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Number of doctors you choose from	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Ease of seeing the doctor of your choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Friendliness and courtesy shown to you by doctors and staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Personal interest in you and your medical problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Reassurance and support offered to you by doctors and staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Knowledge of your values and beliefs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Knowledge of your responsibilities at home, work, or school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Knowledge of what worries you most about your health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Knowledge of your entire medical history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. How much do you trust your regular health care provider? (1=do not trust at all and 10=trust completely)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

36. How satisfied are you with:

	Very satisfied	Satisfied	Not satisfied or dissatisfied	Dissatisfied	Very dissatisfied
a. The quality of your health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The results of your health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. Thinking about your health care, please answer the following:

	Yes, often	Yes, occasionally	No, never	Does not apply
a. Do you ever put off going to your health care provider because visits are too expensive?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Do you ever skip medications or treatments because they are too expensive?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Do you ever put off going to your dentist because visits are too expensive?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Do you ever put off receiving health care because you can not afford your co-payments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. How much of a problem have these been for you in the last year?

	Yes, a big problem	A small problem	Not a problem
a. Limited access to certain doctors because of insurance plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Delays in your care because the provider needed approval from your health insurance plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Lack of education programs to help you prevent, understand or manage your medical problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Lack of reminders about when to go for care or when to get preventive care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Limited access to certain doctors because of your insurance or lack of insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Lack of coordination or poor communication between doctors who treat you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Lack of services tailored specifically to meet your needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. How far do you usually travel to get to the place where you receive medical care?

--	--	--

 miles

40. In the past 12 months, has a member of your household received medical care?

Yes	<input type="radio"/>
No	<input type="radio"/>

41. In the past 12 months, has a member of your household received care because of an injury caused by violent behavior (e.g., robbery, fighting, etc.)?

Yes	<input type="radio"/>
No	<input type="radio"/>

42. In the past 12 months, has a member of your household received medical care because of an injury caused by violent behavior of a household member?

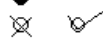
Yes	<input type="radio"/>
No	<input type="radio"/>

YOUR HEALTH INSURANCE

The following questions ask about your health insurance.

Shade circles like this: ●

Not like this: ○



43. What type(s) of health insurance do you have? (Choose all that apply.)

a. Traditional fee for service: (such as Blue Cross; MSC; etc.)	<input type="radio"/>
b. HMO or Managed Care Plan: (MSCPPO; MSCCare; Group Health; etc.)	<input type="radio"/>
c. Medicare	<input type="radio"/>
d. Medicaid, including Healthy Options	<input type="radio"/>
e. Washington State Basic Health Plan	<input type="radio"/>
f. Indian Health Services	<input type="radio"/>
g. TRICARE	<input type="radio"/>
h. Other (please write in) _____	<input type="radio"/>
i. Do not have health insurance of any kind (If yes, Skip to 46)	<input type="radio"/>

44. Do you have the following types of coverage? If YES, please rate how satisfied you are with each type of coverage.

	Yes	No	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Don't use
a. Medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Prescription medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Dental services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Vision services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Drug and alcohol detoxification services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Chiropractic care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Overall satisfaction			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>




45. With your insurance coverage are you required to:

	Yes	No
a. Select a certain doctor or clinic for all your routine care?	<input type="radio"/>	<input type="radio"/>
b. Obtain permission from a primary care doctor before you can get other services?	<input type="radio"/>	<input type="radio"/>
c. Pay a deductible amount each year?	<input type="radio"/>	<input type="radio"/>
d. Make a co-payment for each health care visit?	<input type="radio"/>	<input type="radio"/>
e. Use only doctors from the health plan's list?	<input type="radio"/>	<input type="radio"/>
f. Use any doctor you want, but pay more if you go to a doctor not on the plan's list?	<input type="radio"/>	<input type="radio"/>

46. Over the past 3 years, how many total months have you been without some type of health insurance?

a. None (had continuous coverage during the past 3 years)	<input type="radio"/>
b. One month without coverage	<input type="radio"/>
c. 2 to 6 months without coverage	<input type="radio"/>
d. 7 to 12 months without coverage	<input type="radio"/>
e. 13 months or longer without coverage	<input type="radio"/>

CHILDREN'S HEALTH CONDITIONS

Shade circles like this: 
Not like this:  

47. How many children under the age of 18 live in the home with you? (If none, please write 0 and skip to question 49.)

number of children

48. Please write the number of children (0-17 years old) in your home who have the following:

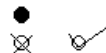
	Number of Children
a. Asthma	___
b. Up-to-date immunizations	___
c. Mental health problems or mental illness other than depression	___

BENEFITS TO THE COMMUNITY

The mission of public health is to prevent disease, injury, disability, and premature death. This includes protecting people's health from threats in the environment and promoting health through risk reduction and public education.

Shade circles like this: ●

Not like this: ○



49. Fill in the circle next to the **five** most important functions that the Spokane Regional Health District can do or provide to benefit your neighborhood or community:

Assistance for families with substance misuse problems	<input type="radio"/>
Childcare education and consultation	<input type="radio"/>
Children in foster care support services	<input type="radio"/>
Children with special health care needs prevention, intervention, and services	<input type="radio"/>
Chronic disease education (e.g., HIV/AIDS and cardiovascular, breast and cervical health)	<input type="radio"/>
Communicable disease prevention and treatment (e.g., immunizations, communicable disease education, TB (tuberculosis) screening, treatment for sexually transmitted disease)	<input type="radio"/>
Drug and alcohol assessment, case management, and referral	<input type="radio"/>
Epidemiology (communicable disease tracking and reduction)	<input type="radio"/>
Food safety inspection and education	<input type="radio"/>
General health information and resources	<input type="radio"/>
Health screening (e.g., refugees, seniors, etc.)	<input type="radio"/>
Human resources (Spokane Regional Health District employment opportunities)	<input type="radio"/>
Intentional (e.g., abuse) and unintentional (e.g., falls) injury prevention	<input type="radio"/>
Laboratory services (e.g., clinical and water testing)	<input type="radio"/>
Maternal and child health (e.g., parental education, birth outcomes, prevention of child abuse, etc.)	<input type="radio"/>
Methadone maintenance outpatient treatment	<input type="radio"/>
Minimize barriers to access substance misuse services	<input type="radio"/>
Monitor population based health status	<input type="radio"/>
Nutrition services and education [e.g., Women Infant Children (WIC), senior nutrition, etc.]	<input type="radio"/>
Onsite sewage inspection and education	<input type="radio"/>
Oral health access and education	<input type="radio"/>
Pool and beaches safety, inspection and education	<input type="radio"/>
Public health policy development	<input type="radio"/>
Safe and healthy living environments education (i.e., asbestos, second hand cigarette smoke, lead exposure, mold, radon, etc.)	<input type="radio"/>
School environment inspections	<input type="radio"/>
Solid waste permitting, inspection, and education	<input type="radio"/>
Tobacco prevention and control	<input type="radio"/>
Vital records (i.e., birth and death records)	<input type="radio"/>
Youth health education (e.g., teen pregnancy prevention, adolescent health, etc.)	<input type="radio"/>

COMMUNITY SERVICES

The following questions ask about services you or anyone in your household may have needed in the past 12 months.

Shade circles like this: ●

Not like this: ○



50. Please indicate if you or anyone in your household needed any of these services in the past year, even if you did not receive them:

	Yes	No	Don't know
a. Alcohol/drug abuse services (such as counseling or treatment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Services for the disabled or their families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Children and youth services for emotional or delinquent behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Child care services (such as information and referral or assistance with payments for day care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Work-related or employment services (such as help with finding work or job training)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Domestic violence, abuse, or victim assistance or temporary shelters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Food, meal, and nutrition services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Financial assistance or welfare (such as TANF, Social Security Disability--SSI, unemployment, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Information or referral services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Housing services (such as rental or mortgage assistance or temporary shelters)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Senior citizens services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Public legal services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Public health services (including pregnancy services, environmental health protection, health education, clinic, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Literacy training, GED, or English as a second language courses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Home healthcare/hospice/homemaker services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Financial or credit counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COMMUNITY INFORMATION

The following questions are about your perception of the Spokane County community. Neighborhood refers to the area you live within.

Shade circles like this: ●

Not like this: ○



51. How much of a problem are these issues in the particular neighborhood or community where you **currently** live?

	Not a problem	Small problem	Somewhat of a problem	Serious problem	Very serious problem
a. Access to dental services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Access to physical health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Access to mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Access to pharmacy services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Access to public health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Affordable housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Air pollution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Child care: affordability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Child care: quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Crime (such as theft and robbery)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Domestic violence/child abuse (physical, sexual, verbal, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Drinking water safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Exposure to second hand cigarette smoke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Head lice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Illegal drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Lack of recreational facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Neighborhood safety (such as no lighted streets)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. Poor or inconvenient public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u. Poor quality public schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v. Poverty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
w. Racism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
x. Teen pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
y. Safe and healthy living environments (i.e. asbestos, lead exposure, mold, radon, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
z. Sexual assault (stranger/acquaintance assault, not husband or wife assault [see l. above])	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
aa. Underemployment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
bb. Unemployment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
cc. Work-related injuries or chemical exposures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
dd. Youth violence (such as from gangs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ee. Overall quality of life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. Please indicate how strongly you agree or disagree with each of the following statements:

	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
a. If there is a problem in my community, the people who live here work together to get it solved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. People in my community where I live are only out for themselves.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I am afraid when I am out alone after dark in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I can do anything I really set my mind to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. In my community, a small group of people have all the power.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I feel like an outsider in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. There is nothing I can do to solve problems in my community when they happen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

53. Please indicate how strongly you agree or disagree with each of the following statements:

	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
a. Within the Spokane community, there are big differences in the amount of money people have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. In general, I can financially meet my basic needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. In general, I believe that my neighbors can financially meet their basic needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I believe there are comparable job opportunities for me in the Spokane area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I believe there are better job opportunities for me in the Spokane area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. My housing needs are adequately met.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I am better off financially than I was two years ago.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I expect to be better off financially two years from now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

54. How many close friends or relatives would help you with your emotional problems or feelings if you needed it?

--	--

friends or relatives

55. How strong are your religious or spiritual beliefs?

Very strong	Somewhat strong	Not very strong	Not at all strong	Don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

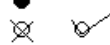
56. When you have a medical problem, how often do you pray for healing?

Often	Occasionally	Sometimes	Not often	Never	Don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PERSONAL INFORMATION

This set of questions is for additional information about you.

Shade circles like this: ●
Not like this: ⊗



57. How old are you?

--	--	--

 years

58. Are you: ☐ Female ☐ Male

59. What was the highest grade you completed in school?

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

1 2 3 4 5 6 7 8

Grade School

☐ ☐ ☐ ☐

9 10 11 12

High School

☐ ☐ ☐ ☐ ☐

13 14 15 16 17+

Vocational/Technical or
College/Graduate School

60. Are you Spanish, Hispanic, or Latino/a?

- ☐ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish, Hispanic, Latino/a

61. Which of the following best describes your race?

- | | |
|---|--|
| <input type="radio"/> White | <input type="radio"/> Korean |
| <input type="radio"/> Black, African American, or Black | <input type="radio"/> Vietnamese |
| <input type="radio"/> American Indian or Alaskan Native | <input type="radio"/> Other Asian |
| <input type="radio"/> Asian Indian | <input type="radio"/> Native Hawaiian |
| <input type="radio"/> Chinese | <input type="radio"/> Guamanian or Chamorro |
| <input type="radio"/> Filipino | <input type="radio"/> Samoan |
| <input type="radio"/> Japanese | <input type="radio"/> Other Pacific Islander |

62. How often are you treated badly because of your age, sex, race, religion, or other personal factors?

Always	Almost always	Very often	Somewhat often	Almost never	Never
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63. Are you:

- ☐ Now married ☐ Separated
☐ Widowed ☐ Never married
☐ Divorced

64. How many people live in your house, including yourself and any children?

--	--

 people

64a. Of these, how many are children ages 6 to 17?

--	--

 ages 6 to 17

64b. Of these, how many are children ages 5 or younger?

--	--

 ages 5 or younger

65. What was your household total income before taxes in 1999? Please include income from all sources from yourself and all other people living in your household.

- | | | | |
|--|--|--|--|
| <input type="radio"/> Less than \$5,000 | <input type="radio"/> \$12,500 to \$14,999 | <input type="radio"/> \$22,500 to \$24,999 | <input type="radio"/> \$40,000 to \$59,999 |
| <input type="radio"/> \$5,000 to \$7,499 | <input type="radio"/> \$15,000 to \$17,499 | <input type="radio"/> \$25,000 to \$27,499 | <input type="radio"/> \$60,000 to \$79,999 |
| <input type="radio"/> \$7,500 to \$9,999 | <input type="radio"/> \$17,500 to \$19,999 | <input type="radio"/> \$27,500 to \$29,999 | <input type="radio"/> \$80,000 to \$99,999 |
| <input type="radio"/> \$10,000 to \$12,499 | <input type="radio"/> \$20,000 to \$22,499 | <input type="radio"/> \$30,000 to \$39,999 | <input type="radio"/> \$100,000 or more |

66. What type of transportation do you use most often?

- ☐ Personal vehicle (car, truck, van, etc.)
- ☐ Bus or public transportation
- ☐ Taxi
- ☐ Motorcycle

- ☐ Bicycle
- ☐ Walk

☐ Other, please write in _____

66a. Is the transportation you use most often reliable? ☐ Yes ☐ No

66b. Is the transportation you use most often convenient? ☐ Yes ☐ No

67. Do you own or rent your home:

- ☐ Own
- ☐ Rent
- ☐ Other, please describe _____

67a. What percentage of your family income is spent on housing (house payments/rent and utilities not including cable or telephone)?

☐ 0-30%

☐ 31-50%

☐ 51-100%

68. How many bedrooms are in your home?

--	--

bedrooms

69. How many bathrooms are in your home?

--	--

bathrooms

70. Are you working at a **paying job**?

Yes, full-time	<input type="radio"/>
Yes, part-time	<input type="radio"/>
Yes, more than one part-time job	<input type="radio"/>
Yes, a full-time job and a part time job	<input type="radio"/>
Yes, two full time jobs	<input type="radio"/>
No, laid off or unemployed but looking for work	<input type="radio"/>
No, laid off or unemployed but not looking for work	<input type="radio"/>
No, retired	<input type="radio"/>
No, full-time homemaker	<input type="radio"/>
No, disabled	<input type="radio"/>
Student	<input type="radio"/>
Other (please write in) _____	<input type="radio"/>

71. How long have you lived at your current address?

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 years

72. What is your zip code?

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73. In the last twelve months, have you:

a. Voted in an election?	<input type="radio"/>
b. Written or called a local, state, or federal government official about an issue in your community?	<input type="radio"/>
c. Attended a meeting of a school board, city council or other official government body?	<input type="radio"/>
d. Volunteered for any community organization?	<input type="radio"/>

Please write comments on next page.